

# VILLAGE OF CLARKSVILLE

162 S. MAIN

P.O. Box 118

CLARKSVILLE, MI 48815

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## Complaint Form

### Location of Complaint

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Incident \_\_\_\_\_

### Complaint Made By:

The following are optional. Your personal information will be kept confidential.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### Description of Complaint (please describe complaint below)

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### Village Office Use

Method: \_\_\_\_\_ Phone \_\_\_\_\_ In Person \_\_\_\_\_ E-Mail \_\_\_\_\_ Other \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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Ordinance Violated/Affected: \_\_\_\_\_

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Action Taken: \_\_\_\_\_

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Date Finalized: \_\_\_\_\_