

VILLAGE OF CLARKSVILLE

162 S. MAIN

P.O. Box 118

CLARKSVILLE, MI 48815

Complaint Form

Location of Complaint

Name _____

Address _____

City _____ State _____ ZIP _____

Date of Incident _____

Complaint Made By:

The following are optional, however no follow-up can be made to you if left blank.

Name _____

Address _____

City _____ State _____ ZIP _____

Phone Numbers (____) _____ (____) _____

Description of Complaint (please describe complaint below)

Village Office Use

Method: _____ Phone _____ In Person _____ E-Mail _____ Other _____

Reviewed By: _____ Date: _____

Comments: _____

Ordinance Violated/Affected: _____

Action Taken: _____

Date Finalized: _____