

VILLAGE OF CANTON

COMPLAINT FORM

DATE OF COMPLAINT _____ TIME _____

COMPLAINT RECEIVED BY _____

COMPLAINANT NAME _____ PHONE # _____

ADDRESS _____ ZIP _____

DESCRIPTION OF COMPLAINT _____

BY _____ SIGNED _____

DATE _____

DATE OF INVESTIGATION _____ BY _____

INVESTIGATION FACT _____

VIOLATION: YES ___ NO ___ CHAPTER _____ SECTION _____

REGULATION _____

REFERRED TO DEPT _____ DATE _____

LOG ACTION _____

