

THORN TOWNSHIP
CITIZEN COMPLAINT FORM

Citizen Name: _____ Phone Number: _____

Street Address: _____

Complaint (be specific and include all details: _____

Internal Use Only

Taken By: _____ Date: _____

Department: _____

Referred to/Department: _____

Action Taken: _____

Date Action was taken: _____

Comments: _____

Follow-up with Citizen: Yes _____ No _____

Method of follow-up: _____