

KAWKAWLIN TOWNSHIP GENERAL COMPLAINT FORM

Complaint No.: _____ Date: _____

COMPLAINANT INFORMATION

Name: _____ Phone: _____

Address: _____ Email: _____

COMPLAINT TYPE

☐ Township Official ☐ Employee ☐ Department ☐ Code Enforcement ☐ Roads ☐ Cemetery
☐ Other _____

Person/Department (if known): _____

Date(s): _____ Location: _____

COMPLAINT

REQUESTED RESOLUTION

CERTIFICATION

I certify the information above is true and correct to the best of my knowledge.

Signature: _____ Date: _____

FOR TOWNSHIP USE ONLY

Assigned To: _____

☐ Resolved ☐ Pending ☐ Referred ☐ No Action Date Closed: _____

Comments: _____