VILLAGE OF MEADOW GROVE
CITIZEN COMPLAINT FORM

Last Name:_____ First Name:_____

Phone Number:_____ Alternate Phone:_____

Please describe your complaint in detail. Give the date, the name of person/persons, if applicable, that was involved and any information that will help us in reviewing your complaint.

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Signature:_____ Date:_____

ONCE THE COMPLAINT IS RECEIVED, IT WILL BE REVIEWED AND YOU MAY BE CONTACTED FOR FURTHER INFORMATION. ALL COMPLAINTS MUST BE SIGNED AND WILL BE RETAINED AS PUBLIC RECORD. COMPLAINTANTS MAY BE CALLED TO TESTIFY IN A COURT OF LAW.

BOARD MEMBER RECEIVING COMPLAINT:

_____ _____

Signature Date

ACTION TAKEN:

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