

VILLAGE OF WILLOW SPRINGS
ONE VILLAGE CIRCLE, WILLOW SPRINGS, ILLINOIS 60480

FILE NO. _____

COMPLAINT FORM

NAME _____ DATE/TIME _____

ADDRESS _____ TAKEN BY _____

PHONE _____ VERBAL _____ PHONE _____

LOCATION & NATURE OF PROBLEM: _____

COMPLAINT FOLLOW UP BY: _____ DATE/TIME _____

ACTION TAKEN:

SIGNATURE _____ DATE _____

COMPLAINT REFERRED TO:

Health Dept. _____ Police Dept. _____
Ordinance Enf/Off _____ Fire Dept. _____
Public Works _____ Building Dept. _____
Other (Specify) _____

COPY TO:

Mayor
City Clerk

Complainant
File