TOWNSHIP OF WEST LINCOLN

COMPLAINT

Complaint No: _____
Date Received:_____
Priority:_____

PROPERTY: _____
REGISTERED OWNER(S): _____PHONE#: _____
SUBJECT:_____
_____
_____
_____

COMPLAINANT: _____PHONE # _____

ADDRESS: _____WILL TESTIFY IN COURT YES OR NO

SIGNATURE _____

COMPLAINT RECEIVED BY: _____METHOD LETTER ☐
IN PERSON ☐

DEPARTMENT _____

COMPLAINT FINALIZED (DATE) _____

COMPLAINANT INFORMED (DATE) _____

DATE	ACTION