



Village of Commercial Point Complaint Form

Date _____

___Zoning ___Police ___Mayor ___Utilities ___Other **Date Given** _____

Name of person making complaint: _____

Telephone Number: _____

Address: _____

Nature of complaint: _____

Result & Action of investigation: _____

Complainant contacted with the results of the investigation and action taken:
Date _____ and by _____.

Investigated by _____