



# Village of Clarks Citizen Concern / Complaint Form

## Complainant Information

Name \_\_\_\_\_

Residential address \_\_\_\_\_

Postal address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

## Concern / Complaint Details

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_

Location of Incident \_\_\_\_\_

Who/what is the subject of your concern or complaint? \_\_\_\_\_

DETAILED summary of your concern or complaint \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Witness Details *(If applicable)*

Name of witness(es) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number of witness \_\_\_\_\_

## Concern or Complaint Outcome

How would you like this issue resolved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Concerned Citizen / Complainant

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## Action taken by City

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\_\_\_\_\_  
\_\_\_\_\_