



TOWNSHIP OF CHAPLEAU

FORMAL COMPLAINT FORM

Complaint's Name: _____ Date: _____

Address: _____

Phone No. (Day): _____ (Evening): _____

COMPLAINT: (Nature and Description)

Signature of Complaint: _____ Date: _____

Date Received: _____ Received By: _____

RESPONSE REPORT

Signature of Department Head: _____

Date of Response: _____

cc: C.A.O.

Revision History	Date	Revision#	Reason for Revision
	April 3, 2019		

