

Village of Apple Creek
Complaint or Suggestion
Form

Date of Alleged Incident: _____

Nature of Complaint or Suggestion:

Department Referred to: _____

Information Regarding the Complaint or Suggestion:

Person Handling Complaint: _____

Action to be Taken (if any):

Complaint Investigators Signature: _____

Investigation Completion Date: _____

Mayors Signature: _____ **Date:** _____