

VILLAGE OF ALSIP
4500 W. 123rd Street
COMPLAINT REPORT

Nature of Complaint: (Attach any supporting info)(Photos)_____

Location of Complaint:_____

Complaint Taken by:_____

Date of Complaint:_____

Complaint received by: _____ Email _____ Phone _____ Letter _____ Personal Appearance _____

Name of complainant: _____

Address of complainant:_____

Phone number of complainant:_____

Email of complainant: _____

Signature of Complainant:_____

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= = **Date received:**____/____/____ DEPARTMENT USE ONLY

Complainant given to : _____

ACTION TAKEN:

Signed:_____

NOTE: Action must be taken and report given to Bldg. Comm and complainant within 36 hrs after receipt in Bldg Dept.

