VILLAGE OF AKRON

RECORD OF COMPLAINT

DATE:	NAME:	ADDRESS:	PHONE:

DESCRIBE THE COMPLAINT:

LOCATION OF COMPLAINT (IF APPLICABLE):

ANY OTHER INFORMATION:

WOULD YOU LIKE A PHONE RESPONSE TO THE MATTER?: Y OR N

DO YOU HAVE PHOTOS TO ATTACH: Y OR N

PLEASE SIGN: _____

OFFICE ONLY: *RECEIVED BY:* _____ *DATE:* _____

COMPLAINT GIVEN TO: _____

REVISED APRIL 2018