

VILLAGE OF CATLIN

Commission Form of Municipal Government Adopted 1914 MEMBER ILLINOIS MUNICIPAL LEAGUE

JUSTIN BARGO, Mayor, **AUTUMN LANGE**, Village Clerk 217-427-2136 Fax: 217-427-8118

109 S. SANDUSKY P.O. BOX 627 CATLIN, ILLINOIS 61817

Village of Catlin Resident Complaint Form

Date: _____

Complainant Information:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Location of Issue (if different from Complainant Address):

Address/Specific Location: _____

Nature of Complaint (Please be specific and provide as much detail as possible):

Date(s) and Time(s) of Occurrence (if applicable):

Individuals Involved (if known):

Witnesses (if any):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Evidence (e.g., photos, videos, documents - please describe):

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Desired Action/Resolution:

Have you contacted any Village personnel regarding this issue before?

☐ Yes ☐ No

If yes, who did you speak with and when?

Name: _____ Date: _____

Please sign and date below to acknowledge the information provided is accurate to the best of your knowledge

Signature of Complainant

Date Submitted

For Village Use Only:

Date Received: _____

Received By: _____

Department Assigned: _____

Action Taken: _____

Notes: _____

Resolution: _____

Date Resolved: _____

Village Personnel Responsible for Resolution: _____