

Rockford Township
Initial Complaint Form

Type of Complaint: _____

Location: _____

Date Reported: _____

Complainant's Name: _____

Complainant's Address: _____

Complainant's Phone: _____ (H) _____ (W)

Details of Complaint (Names, Address, etc.): _____

Complainant's Signature: _____

Date Received in Office: _____

Comments/Action: _____
