

Citizen Complaint Form
Village of Sanford
P.O. Box 30, Sanford, MI 48657
989-488-4578 ext 11

Complaint Date: _____
Your Name: _____
Address: _____
Phone: _____

Complaint: *Provide specific details such as names, locations, dates, etc. of the complaint.*

Action Requested:

Complainant's Signature: _____

(Official Use Only)

Date complaint received: _____

Received By: _____

Comments: _____

Date contact was made: _____

Contact made with: _____

☐ In Person ☐ By Phone

Results: _____

☐ Inspection made (date): _____

☐ Violation notice sent (date): _____

☐ Tickets Issued (date): _____

Inspector: _____ Date: _____

07/2023 reviewed