

Citizen Complaint Form
Village of Sanford
P.O. Box 30, Sanford, MI 48657
989-687-7667

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: _____