

COMPLAINT FORM

1. PARTY COMPLAINING:

Name _____
Address _____
City _____
State _____
Zip Code _____
Home Phone _____
Work Phone _____
Best time to contact me _____

2. COMPLAINT AGAINST:

Name _____
Address _____
City _____
State _____
Zip Code _____
Phone _____
Name of Person with
whom you dealt _____
Title _____

3. Date of Complaint _____

4. Service or Product involved _____

5. Type of first contact between you and the individual/business:

- I received information in the mail
- I went to the business/individual's place of business
- I received a telephone call from business/individual
- I telephoned the business/individual
- Person came to my home

6. Have you contacted the business/individual about your complaint? Yes-O-, No-O-

Please describe your complaint in detail:

THIS FORM IS TO BE USED FOR VILLAGE RELATED ISSUES;
PLEASE CONTACT THE SHERIFF'S DEPARTMENT FOR ALL
IMMEDIATE CONCERNS.

ADDITIONAL FORMS ARE AVAILABLE AT THE VILLAGE OFFICE

THIS FORM IS NOT VALID UNLESS SIGNED

SIGNATURE _____

DATE _____

ALL LEGITIMATE COMPLAINTS WILL BE ADDRESSED BY THE VILLAGE BOARD.

Return this completed form to:

**Village of Bellwood
P.O. Box 188
Bellwood, Ne. 68624
(Phone 402-538-4026)**