



VILLAGE OF WALDRON

Report of Complaint/Problem Form

Please print (or write) all information clearly. See back of form for additional space, if needed.

Name (Reporting Party): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ Alternate Phone #: (_____) _____

Please describe the nature of the complaint (or problem), with all pertinent information, including dates, times of incident (s) and location of violation (s), as well as names and phone numbers of any witnesses.

Multiple horizontal lines for writing the complaint details.

Complainant's Signature

Date

Signature

Date Received

Date Addressed

See Reverse Side for Notes of Addressing Official

Shawn Barnhart—President
William Hall—Treasurer
Casey Gravelle—Clerk

Seat Open—Trustee
Brian Bernath—Trustee
Emil Gravelle—Trustee

Allison Harwood—Trustee
Staci Shampo—Trustee
Dakota Potter—Trustee

