CITY OF OZAWKIE

COMPLAINT FORM

DATE	TIME
	COMPLAINANT
NAME	
ADDRESS	
PHONE #	
	PERSON COMPLAINED OF
NAME	1 EKSON COMI LAMED OF
ADDRESS	
PHONE #	
STATEMENT	
-	
SIGNATURE	
	OFFICIAL USE ONLY
Date Complaint	Received
Received By	
Action Taken	
-	