

WELLS TOWNSHIP COMPLAINT FORM

Complainant's:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of complaint \_\_\_\_\_ time \_\_\_\_\_

Reason for the complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant \_\_\_\_\_

Does this complaint require board action?      yes \_\_\_\_\_      no \_\_\_\_\_

Does complainant request board action?      yes \_\_\_\_\_      no \_\_\_\_\_

This complaint is directed to:

Supervisor \_\_\_\_\_, Treasurer \_\_\_\_\_, Clerk, \_\_\_\_\_ Board, \_\_\_\_\_ Other, \_\_\_\_\_

Comments from officer complaint is directed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of officer: \_\_\_\_\_

**NOTE: Information on this form is subject to Public Act No. 553 of 1996, The Michigan Freedom of Information Act.**

