

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.

