

Email Address:

Date of Incident:

Details of Incident:

What would you like as a result of this complaint?

Department:

knowledge.

Received By:

Date Received:

Complainant's Signature X

Charter Township of Grand Blanc Citizens' Complaint Form

Phone Walk-In Mail Fax Email Other:

Date

5371 South Saginaw St - P.O. Box 1833 - Grand Blanc, MI 48480-0057 Phone: (810) 424-2600 Hours of Operation: Monday - Friday, 8:00 AM - 5:00 PM

Time of Incident:

LAST Name, First, MI	Date of Report:	Time of Report:	
The Charter Township of Grand Blanc supports citizens to report legitimate complaints. Your compliant will be dealt with in an expeditious manner. Please fill out this form to the best of you ability and submit to the Township Superintendent.			

in an expeditious manner. Please fill out this form to the best of you ability and submit to the Township Superintendent.		
LAST Name, First, MI	Date of Report:	Time of Report:
Address:	Home Phone:	Work Phone:

Should you have any questions or would like additional assistance, please feel free to contact the Township at (810)-424-2600. The Township business hours are 8:00 am through 5:00 pm Monday through Friday. I have read and understood this statement and the facts contained therein are true and correct to the best of my

CHARTER TOWNSHIP OF GRAND BLANC USE ONLY

Referred To:

Action Taken:

Report Received:

Location of Incident:

Personnel Complained of: