

MARION TOWNSHIP
Complaint Form

Complaint No. _____

Date _____

OFFENDER

Name: _____

Address: _____

REASON FOR COMPLAINT:

How long has the condition existed? _____

Is complainant willing to testify in court? () Yes () No

Name of complainant: _____

Address: _____

Telephone: _____

OFFICE USE ONLY

Received by: _____

Investigation completed by: _____

Date of investigation: _____

Comments: _____