



TOWN OF BURNS HARBOR

1240 North Boo Road
Burns Harbor, IN 46304
219-787-9413

COMPLAINT FORM

COMPLAINANT: _____

ADDRESS OF COMPLAINANT: _____

COMPLAINANT'S PHONE NUMBER: _____

LOCATION OF COMPLAINT: _____

NATURE OF COMPLAINT: _____

DATE AND TIME COMPLAINT CHECKED: _____

DISPOSITION OF COMPLAINT: _____

COMPLAINANT'S SIGNATURE: _____

DEPARTMENT HEADS' SIGNATURE: _____