



CITY OF THE VILLAGE OF DOUGLAS
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COMPLAINT/CONCERN FORM

Date: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Complaint/Concern: _____

Address where complaint/concern is taking place: _____

Signature of applicant: _____

(TO BE COMPLETED BY THE CITY)

Complaint/Concern received by: _____

Complaint/Concern given to: _____

Response: _____
