



CITY OF ELGIN COMPLAINT/DISPUTE FORM

Control # _____
(month, year, #)

Date: _____

Person Making Complaint: _____

Address: _____

Contact Phone: _____ Email: _____

Nature of Complaint:

- Code Violation/Public Safety Issue City Procedure Issue City Staff Issue
 Other _____

Formal Complaint: _____

See Attachment:

Requested Action: _____

By checking this box, I certify that the facts contained herein are true and correct.

Complainant: _____ Date: _____

Received By: _____ Date: _____

For Office Use Only:

Received By:	Date Received:
Forwarded To:	Date Resolved:

Resolution on Back



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RESOLUTION: _____

Resolution Completed By: _____ Date: _____