

Formal Complaint Number _____

Date _____

VILLAGE OF WAYNE

5N430 Railroad Street

PO Box 532

Wayne, IL 60184

FORMAL COMPLAINT FORM

Address of Suspected Violation: _____

Owner of Property: _____

Description of Violation: (Please be as specific as possible and attached additional pages if necessary. Photos are encouraged.)

Violation Reported By: _____

(Please note that all names are kept anonymous.)

Address: _____ Phone: _____

Email: _____

For Office Use Only:

Complaint # _____ Date _____ Complaint taken by _____

How: Phone/Counter/Email/Mail

Referred To: _____ Copy To: _____

Trustee

Action Taken:

Date Closed _____
Administrator _____