

GRATTAN TOWNSHIP COMPLAINT REPORT

Date: _____

Time: _____

Name of Complainant:*

Address:

Phone No:

Complaint:

of the following address:

Recorder:

Referred to:

Action Taken:

Name of Respondent:

Response:

* FOR YOUR INFORMATION:

As the complainant - your name may be known to the party that you are complaining about through the Freedom of Information (FOIA) Act.

Copy to Township Board Members