



**VILLAGE OF VERNON**  
**CITIZEN COMPLAINT FORM**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Received by: \_\_\_\_\_

Name of Person making complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred To: \_\_\_\_\_