Village Of Edgar's See-Report-Fix Form

Incident Location:	Date / Time :
Complainants Name:	Address:
Phone No:	E-Mail:
Party/Parties Involved:	

Nature of Complaint

Description of Complaint:

Who was Contacted on the Village's Behalf:

Time / Date:

Notes:

Response to Complaint

Service Rendered:

Need for Further Review / Follow up: Date of scheduled Review:

Completed By Village Administrator

Remarks:

Administrator's Name:	Signature:	Date:
Employee Name:	Signature:	Date:

Copies go to: _____ Filer: _____ Employee: _____ Office: _____ Date: _____