



## VILLAGE OF AKRON RECORD OF COMPLAINT

DATE:	NAME:	ADDRESS:	PHONE:

**DESCRIBE THE COMPLAINT:**

**LOCATION OF COMPLAINT (IF APPLICABLE):**

**ANY OTHER INFORMATION:**

**WOULD YOU LIKE A PHONE RESPONSE TO THE MATTER?:**

Y OR  N

**DO YOU HAVE PHOTOS TO ATTACH:**

Y OR  N

**PLEASE SIGN:** \_\_\_\_\_

<b>OFFICE ONLY:</b>	<b>RECEIVED BY:</b> _____	<b>DATE:</b> _____
	<b>COMPLAINT GIVEN TO:</b> _____	