

Village of Fontana on Geneva Lake

## COMPLAINT/ CONCERN

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

Made By: \_\_\_\_\_

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

*Your name and other information will NOT be given out. This information is used by office staff ONLY if additional clarification is necessary.*

Address of Complaint: \_\_\_\_\_

Complaint: \_\_\_\_\_

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Complaint Received By:

\_\_\_\_\_  
(Village Employee) (Date)