



**OFFICE OF THE MAYOR
VILLAGE OF RIVERDALE**

Lawrence L. Jackson
Mayor

OFFICIAL COMPLAINT FORM

NAME:
ADDRESS:
TELEPHONE:
EMAIL:

PLEASE CHECK THE APPROPRIATE BOX

ADMINISTRATION(FRONT OFFICE)	<input type="checkbox"/>	INSPECTIONAL SERVICES	<input type="checkbox"/>
COMMUNITY RESOURCE CENTER	<input type="checkbox"/>	POLICE DEPARTMENT	<input type="checkbox"/>
ECONOMIC DEVELOPMENT	<input type="checkbox"/>	PUBLIC WORKS	<input type="checkbox"/>
FIRE DEPARTMENT	<input type="checkbox"/>	WATER ACCOUNTS	<input type="checkbox"/>
HOUSING DEPARTMENT	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

SUMMARY OF COMPLAINT:

SIGNATURE:	DATE:
-------------------	--------------

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED:	TIME RECEIVED:
COMPLAINT NO:	FORWARDED TO:
RECEIVED BY:	

****COMPLAINANT IS TO RECEIVE A SIGNED AND DATED COPY AS RECEIPT****