

## 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)	INSPECTIONAL SERVICES	
COMMUNITY RESOURCE CENTER	POLICE DEPARTMENT	
ECONOMIC DEVELOPMENT	PUBLIC WORKS	
FIRE DEPARTMENT	WATER ACCOUNTS	
HOUSING DEPARTMENT	OTHER	

SUMMARY	OF	<b>COMPLAINT:</b>
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SIGNATURE:

DATE:

## DO NOT WRITE BELOW THIS LINE

DATE RECEIVED:

TIME RECEIVED:

COMPLAINT NO:

FORWARDED TO:

**RECEIVED BY:** 

**\*\*COMPLAINTANT IS TO RECEIVE A SIGNED AND DATED COPY AS RECEIPT\*\***