

Village of Neudorf
RESIDENT COMPLAINT FORM



Date Received:

Name of Complainant

Your Address:

Name or Address of Violator:

Date the Situation Took Place:

Nature of Complaint: ☐ Noise ☐ Pet ☐ Damage to Property
 ☐ Pests/Vermin ☐ Auto ☐ Other

Details:

☐ Presented to Council: _____

☐ Recommendations: _____

☐ Follow Up: _____

☐ File Closed: _____

Resident Signature

Staff