TOWN OF HINSDALE

CITIZEN COMPLAINT FORM

Date of Incident:_____ Time of Incident:_____

Nature of Incident:_____

Location of Incident:_____

Name of Parties Involved:_____

Name of Witnesses:_____

Complainant:_____

Address:_____ Telephone #:_____

Explain Basis of Complaint: _____

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Use back of complaint form for additional space.

****All information requested must be completed in order to investigate the complaint. The Town of Hinsdale reserves the right to respond within 15 business days to the complainant.**

Office use only:
Date Complaint Received:_____
Received by:_____