

CONSTITUENT CORRESPONDENCE / COMPLAINT FORM

VILLAGE OF MT. AUBURN
320 SOUTH BROAD STREET
MT. AUBURN, IL 62547
PHONE (217) 676-2006

INSTRUCTIONS FOR FILING A COMPLAINT

Thank you for contacting the Village of Mt. Auburn regarding your complaint. Before submitting your complaint, we recommend you attempt to remedy or resolve the conflict with the business or entity directly. If you are unable to come to a resolution, you may fill out this form and submit to our office. Please note that the VILLAGE OF MOUNT AUBURN does NOT handle complaints unless they are in writing.

TYPE OR PRINT NEATLY AND SUBMIT COPIES OF ANY RELATED DOCUMENTS

YOUR NAME: ___ Mr. ___ Mrs. ___ Ms.: _____

ADDRESS: _____

HOME PHONE: _____ WORK/CELL PHONE: _____

EMAIL ADDRESS: _____

CORRESPONDENCE / COMPLAINT: _____

I affirm that the information above is true to the best of my knowledge and belief. I understand that a copy of this complaint may be sent to the business/entity against whom I am filing this complaint. I understand that if I have knowingly filed false or misleading information, this complaint will be closed by the VILLAGE OF MOUNT AUBURN. I further understand that my complaint is a public record and is subject to inspection by members of the public.

SIGNATURE: _____

DATE: _____

***** FOR OFFICE USE *****

CORRESPONDENCE / COMPLAINT RECEIVED BY: _____ INITIAL _____

RECOMENDED RESOLUTION:

DATE _____

PROGRESS (DATE AND INITIAL PROGRESS IMMEDIATELY AFTER ENTRY:

RESOLVED: YES _____ NO _____

FURTHER ACTION:
