



VILLAGE OF HEBRON

P.O. BOX 372
HEBRON, ILLINOIS 60034
PHONE (815) 648-2353
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STANDARD VILLAGE COMPLAINT FORM

Member
Illinois Municipal League

Board Meets on the Second &
Fourth Monday of Each Month

DATE: _____ TIME: _____

LOCATION: _____

COMPLAINT: _____

Complaint first reported to: _____

How reported: (circle one) Person Phone Writing

Brief description of complaint (be specific): _____

Complainant's Name (please print): _____

Complainant's Address: _____

Complainant's signature: _____

Person Receiving Complaint: _____

Action Taken: _____

Date Action Taken: _____

Complainant refused to sign and file formal complaint ()