



**VILLAGE OF MAYWOOD  
VILLAGE MANAGER'S OFFICE**

**COMPLAINT FORM**

**DATE:** \_\_\_\_\_

**NAME OF CALLER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

- Letter
- Phone
- In Person

**Date Received:** \_\_\_\_\_

**List Concerns and/or Complaints:**  
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**Forward Complaint to:** \_\_\_\_\_ **Department**

**Date Sent to Department:** \_\_\_\_\_

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_