

Complaint No. \_\_\_\_\_

COMPLAINT FORM

Tyrone Township  
10408 Center Rd.  
Fenton, MI 48430  
(810) 629-8631  
fax (810) 629-0047

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The name of the person initiating this complaint (claimant) is not public information and his/her identity will be kept in strict confidence.

Name of person filing complaint: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of filer: \_\_\_\_\_

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Complaint filed against: \_\_\_\_\_

Address of complaint: \_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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TOWNSHIP USE

Copy of complaint given to: \_\_\_\_\_

Follow-up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_