

CASS TOWNSHIP COMPLAINT REPORTING FORM

Name of Person Making the Complaint: _____

Address: _____

Contact Number: _____

Date of Complaint: _____

Name of Alleged Violator (if known): _____

Address of Alleged Violator: _____

Physical Location of Alleged Violation: _____

Dates of Violation: _____

Additional Information to Assist in Investigation: _____

Nature of Complaint: _____

By completing this Complaint Form the Complainant understands that his or her identity may be revealed to the violator and the Complainant agrees to cooperate in the investigation of the Complaint, including the possibility of testifying in a court or quasi-judicial proceeding as part of a prosecution for a violation of a Township Ordinance.

Complainant's Signature: _____ Date: _____

***** OFFICIAL USE ONLY*****

Disposition of Complaint: _____

Notification to Complainant: _____

Signature of Investigating Officer: _____ Date: _____