

Village of Dundee
12 Union Street
Dundee, NY 14837

COMPLAINT FORM

Complainant Information:

Complainant Name: _____

Address: _____

Phone Number: _____ Date: _____

Complaint Information:

Exact Location of Complaint: _____

Nature of Complaint: _____

Date Received: _____ Date Inspected: _____

Findings: _____

Action Taken: _____

Date Complaint Closed: _____