

**ARLINGTON TOWNSHIP
VAN BUREN COUNTY, MICHIGAN
COMPLAINT FORM**

For Office Use Only

Date received: _____ Received by: _____

Forwarded to: _____ Date forwarded: _____

Date of complaint: _____

Complainant: _____

[Name]

[Address]

[City, State and Zip Code]

[Contact Phone Number]

[Email]

COMPLAINT AGAINST (check box):

Township Resident or Property Owner (Please identify name and address if known): _____

Township Staff (please identify): _____

Fire Department

Other (please describe): _____

Please provide details of your complaint: _____

Return completed form to:

**Arlington Township
52022 34th Avenue
Bangor, MI 49013**

Complaints are handled by various departments depending on the nature of the complaint.