



Complaint Form
 310 Navajo Trail • Burns Harbor, IN 46304
 P 219-787-9187
 www.burnsharbor-in.gov



Complainant Information

Name: _____

Address: _____

Phone: _____

Email: _____

Nature of Complaint: _____

Location of Complaint: _____

_____ Complainant Signature _____ Date

PLEASE DO NOT WRITE IN THIS AREA. THIS IS FOR OFFICE RECORD KEEPING ONLY.

Date Complaint Checked: _____

Time Complaint Checked: _____

Disposition of Complaint: _____

_____ Department Head Signature _____ Clerk Signature