

**Town of Thorntown
101 W Main Street
Thorntown, Indiana 46071**

Complaint Form

Please complete the following information so that the Town can properly investigate.

Please print clearly.

Date _____
Name _____
Address _____ Phone Number _____

Nature of Complaint (include specific details such as date, time, place, facts)

Explain how you feel the Complaint should be resolved

Should a citation be issued, you may be required to testify to the above complaint in a Court of Law. Do you agree to testify? Yes ___ No ___ (If you check No it is very possible that the Town will not take any action on your complaint.)

Signature _____ Date _____

This form must be signed and dated to be considered valid.

Town Hall Office Use Only

Received by: _____ Date _____

Emailed to: _____ Date _____

Town Board President Signature _____ Date _____

Follow up Completed by _____ Date _____

Comments: _____
