



Complaint Follow-Up Ordinance Enforcement

115 South Main Street · P.O. Box 389 · Webberville, MI 48892 · Ph: 517-521-3984 · Fax: 517-521-3165

Date/Time: _____
Call #: _____
Report #: _____

Citizen Complaint: _____
Department Initiated: _____
Section: _____

Location: _____

Nature of Complaint: _____

Name of Property or Vehicle Owner:

Complainant: _____

Address: _____

Address: _____

Race: _____ Sex: _____

Race: _____ Sex: _____

Phone #: _____ DOB: _____

Phone #: _____ DOB: _____

OPS: _____

Action Taken: _____

Date of Follow-Up: _____

Violation: _____

Offense: _____

Misc. Information: _____

Follow-up Date: _____

Disposition: _____

Signature of Reporting Village Official:

Signature of Witness:

Printed Name: _____

Printed Name: _____