

SPENCER TOWNSHIP COMPLAINT REPORT

Date: _____ Time: _____

Name of Complainant:*

Address: _____

Phone No: _____

Complaint: _____

of the following address:

Recorder: _____

Referred to:

Action Taken:

Name of Respondent: _____

Response:

* FOR YOUR INFORMATION:
As the complainant - your name may be known to the party that you are complaining about through the Freedom of Information (FOIA) Act.

Copy to Township Board Members