

FORMAL COMPLAINT FORM

VILLAGE OF LOOMIS

Return To: 301 Commercial St. | FAX 308-876-2334 | loomisvill@atcjet.net

Name of Complainant : _____ Date of Complaint:_____

Address: _____ Telephone: _____

Description of Complaint: (Please use specific dates, names, details if possible)

Signature: _____

Date: _____