

# VILLAGE OF ELMWOOD

P.O. BOX 62, 113 WEST E STREET, ELMWOOD, NE 68349

PHONE/FAX 402-994-6705

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## COMPLAINT FORM

Please list your name, address, telephone number, and the specific topic. The item will be reviewed and possibly scheduled for a future Village of Elmwood board meeting or forwarded to Village staff for appropriate action.

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Date of Complaint: \_\_\_\_\_

Description of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Requestor Signature) (Date)

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**For Office Use Only**

Action Taken: \_\_\_\_\_

Placed on Agenda for the \_\_\_\_/\_\_\_\_/\_\_\_\_ Village Board Meeting.

Village Staff Action: \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)