



989-754-6536

BUENA VISTA CHARTER TOWNSHIP

1160 S. Outer Drive ♦ Saginaw MI 48601
Torrie L. McAfee, Township Superintendent

CUSTOMER COMPLAINT FORM

Complainant Information

Complainant Name: _____ Complaint #: _____

Address: _____ City: Saginaw State: MI Zip Code: 48601

Home Phone Number: _____ Cell Phone Number: _____

Email address: _____

Complaint Information

Complaint is against:

- | | | |
|--|--|---|
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Police/Code Enforcement | <input type="checkbox"/> Department of Public Works |
| <input type="checkbox"/> Waste Water Treatment Plant | <input type="checkbox"/> Community Center | <input type="checkbox"/> Administration Building |
| <input type="checkbox"/> Water Department | <input type="checkbox"/> Fiscal Services | <input type="checkbox"/> Clerk's Department |
| <input type="checkbox"/> Treasury Department | <input type="checkbox"/> Community Development | |
| <input type="checkbox"/> Other: _____ | | |

Description of Complaint: (Use back side of this form if more room is needed)

Safety issues involved with complaint:

Has this been a reoccurring problem? Yes No

If yes, have you made a complaint in the past? Yes No If yes, please give date: _____

Recommended Resolution from Complainant:

Complainant Signature: _____

Date: _____

Township Superintendent's Signature: _____

Date: _____

Superintendent Copy

Complainant Copy

Complaint File Copy

