

TOWN OF MEDICINE PARK

PO BOX 231
MEDICINE PARK, OK. 73557

COMPLAINT FORM

TYPE OF COMPLAINT _____

DESCRIPTION OF
COMPLAINT _____

COMPLAINANT'S INFORMATION

PERSON REPORTING _____

ADDRESS _____

PHONE NUMBER _____ EMAIL _____

SIGNATURE _____ DATE _____

TOWN OF MEDICINE PARK USE ONLY

PROBLEM CORRECTED Y N PRESENTED TO TOWN BOARD Y N DATE _____

PHOTOS Y N

COMMENTS OR ADDITIONAL ACTIONS

