



**Complaint Form**  
310 Navajo Trail • Burns Harbor, IN 46304  
P 219-787-9187  
www.burnsharbor-in.gov



**Complainant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Nature of Complaint:

Location of Complaint: \_\_\_\_\_

\_\_\_\_\_

Complainant Signature

Date

**PLEASE DO NOT WRITE IN THIS AREA. THIS IS FOR OFFICE RECORD KEEPING ONLY.**

Date Complaint Checked: \_\_\_\_\_

Time Complaint Checked: \_\_\_\_\_

Disposition of Complaint:

\_\_\_\_\_

Department Head Signature

\_\_\_\_\_

Clerk Signature