



Birch Run Township

8425 Main Street • P.O. Box 152 • Birch Run, MI 48415

Phone: (989) 624-9773 • Fax: (989) 624-1177

1. Your Name: _____

2. Your Address: _____

3. Your Telephone Number: _____

4. Is the Complaint Regarding ...
A Township Employee: Yes _____ No _____.

A Township Policy or Procedure: Yes _____.

5. Date & Time of the Incident or Complaint: _____

6. Location of the Incident or Complaint: _____

7. Who Else May Have Witnessed the Incident or May Have Seen the Incident?

Name: _____

May we contact them? Yes _____ No _____.

8. Employee's Name (If Known) _____

Department: Fire DPW Township Office Personnel

9. Nature of the Complaint: (Attach additional sheets if necessary)

Your Signature: _____

Today's Date: _____

For Internal Use Only: To be completed by the Township Board Designee or Department Head

Date Complaint Received: _____ Time Received: _____

Routed or Handled by: _____ Routed To: _____