

Village of Madrid

P.O. Box 171

Madrid, NE. 69150

COMPLAINT FORM

I, _____ wish to file a complaint with the
Village of Madrid concerning _____

Signature: _____ Date: _____

Address: _____

Phone #: _____

Received by: _____

Additional Information: _____

Suggestions for solving problem: _____

Action taken/Date: _____

Filing Date: _____