Town of Ekalaka Complaint Report

Complainant: Phone #:			_
Physical & Mailing Address:			
Details of Complaint/Concern:			
Action Requested:			
I understand that this information/report is pu	ublic and will be treated as su	ch by the Town of Ekalaka.	
Signature of Complainant			
For use by Town Office: Complaint Report was received on			
Form was directed to:			
Action to be Taken/Date of anticipated comple	etion:		
Response (written/verbal/other) was made to complain		/