

Village of

INDIAN POINT

Missouri



957 Indian Point Road
Branson, MO 65616
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Complaint Form

(Please Print)

Date of Complaint ____/____/____

Date of Issue that happened ____/____/____

Nature of Complaint:

Location of Complaint:

Witnesses: Names, Addresses, and Phone Numbers)

Name -----

Name -----

Address -----

Address -----

Phone -----

Phone -----

Any Comments:

Name of Complainant (Print)

Complainants Signature

Home Address and Phone -----

For Office Use Only

Date Received ____/____/____

Action Taken: -----

Complaint Handled by: -----

Date Issue Closed: ____/____/____