



Resident Complaint Form
432 W. Nebraska Street, Frankfort, IL 60423
Phone (815) 412-2446 Fax (815) 412-2442

Date: _____

Name: _____

Address: _____

Contact Phone #s: _____

Description of Complaint: _____

Complaint recorded by: _____

CORRECTIVE ACTION

Complaint forwarded to: _____

Date Forwarded: _____

Complaint Number: _____

Describe action taken: _____

Resident advised: YES NO (circle)

Date Complaint Closed: _____