

**COMPLAINT FORM**

McCook County

DRAINAGE

(605) 425-2731

Location of DRAINAGE Complaint:

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Nature of Complaint:

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Owner of Property: \_\_\_\_\_

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**Complainant:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Findings/Action Taken:**

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Action by Phone \_\_\_\_\_ Letter \_\_\_\_\_ Personal Contact \_\_\_\_\_ Date \_\_\_\_\_

Official Handling Complaint \_\_\_\_\_

Title \_\_\_\_\_ Resolution Date \_\_\_\_\_