

## 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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**Who did the work:**

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**Date and Time of Work:**

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**Witnesses:**

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**Complainant:**

**Date:**

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**Address:**

**Phone:**

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**Findings/Action Taken:**

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**Action by:**

**Phone:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Letter:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Personal Contact:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Official Handling Complaint:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Resolution Date:** \_\_\_\_\_