

Public Act 188 Complaint Form

Date of Complaint _____

County in which the violation occurred _____

Alleged Violator Information:

Name of Business:

Address:

Telephone:

Name of Contact Person:

Please describe the violation(s), location of violation and date of violation and any other information that will clarify the complaint:

Please describe any steps you took to bring the violation to the attention of the owner/operator of the business:

Complainant's Name: _____

Address: _____

Telephone: _____

Complainant's Signature: _____

Date: _____