

**Citizen Complaint Form**  
*(must be filled out by complainant)*

Name & Address of Complainant: \_\_\_\_\_

\_\_\_\_\_

Telephone # of Complainant: (\_\_\_\_) \_\_\_\_\_

Type of Violation Observed: \_\_\_\_\_ (Garbage) \_\_\_\_\_ (Weeds) \_\_\_\_\_ (In-Operable Motor Vehicle)

Please state what you observed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner & Location of alleged violation: Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Are you willing to testify in court about this violation if needed? \_\_\_ Yes \_\_\_ No

Please list the names of any other people who have knowledge that a violation exists as you described,  
(with their consent).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Complainant \_\_\_\_\_

Algonquin Township, 3702 U.S. Hwy 14, Crystal Lake. IL. 60014  
847-639-2700 x7

Date Complaint Received: \_\_\_\_\_ (for office use only)