

**MADISON COUNTY GOVERNMENT CENTER
MADISON COUNTY PLAN COMMISSION
16 E 9TH ST.
BOX 13
ANDERSON, IN 46016
765-641-9541**

OFFICIAL CONSUMER COMPLAINT FORM

PERSON SUBMITTING COMPLAINT:

Name: _____

Address: _____

Phone Number: _____

COMPLAINT FILED AGAINST:

Name: _____

Address: _____

Phone Number: _____

EXACT LOCATION AND NATURE OF THE COMPLAINT:

I BELIEVE THIS IS IN VIOLATION OF THE MADISON COUNTY COMPREHENSIVE PLAN. I AGREE THAT IF THIS COMPLAINT RESULTS IN A LAW SUIT, TO CORRECT THIS VIOLATION, I WILL ASSIST THE COMMISSION BY PROVIDING TESTIMONY IN OPEN COURT.

DATE: _____

SIGNATURE: _____

Petitioner

Please use the reverse side for additional information.

ACTION TAKEN:

DATE: _____

COMMISSIONER: _____