



Village of
Lake Isabella

Complaint Form

Description of Complaint:

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Location of Complaint:

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Date & Approximate Time of Issue Being Reported (if applicable):

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Desired Resolution to Complaint:

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If you would like to be contacted regarding this matter, please leave your name, phone number and/or email address below. Please note that any information submitted on this form is subject to disclosure under the Freedom of Information Act.

Your Contact Information:

Your Name:	
Phone Number:	
Email Address:	

Date Received by Village:

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