PRINT

RESET

Genesee County Road Commission

Disposition: (include date)
Was reporting party advised of disposition: ☐ yes (if so – when)? ☐ no

Administrative Offices

Public Complaint Form

Name:	
Street:	Date:
City:	
Zip:	
Phone Number:	Time: .M.
Location of Indicent:	
Township:	
Nature Of Incident:	
Time of incident: .m.	Name of Witnesses(s): if any
Vehicle Number:	
Driver:	

(To Be Completed By Genesee County Road Commission Personnel Only)

Referred To: Maintenance Department [ ] Construction Department [ ] Equipment Department [ ] Traffic & Engineering/Permits [ ] Sign Shop Division [ ]	Name: Date: Talked to party: [ ]yes,(if so – when)? [ ]no