Genesee County Road Commission

Disposition: (include date)			
Disposition: (merade 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:	Name:		
	Date:		
Maintenance Department []	Talked to party: []yes,(if so – when)?		
Construction Department []			
Equipment Department []			
Traffic & Engineering/Permits/Sign []			
Shop Division []			
Operations Department []			