



# Village of Great Neck

61 Baker Hill Road  
Great Neck, NY 11023

## COMPLAINT FORM

Today's Date: \_\_\_\_\_

Name, Address, and phone number of person ***making*** complaint:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_  
AREA CODE PHONE NUMBER

PLEASE CHECK ONE  
YES NO

Can we come on your property to view and take pictures of your complaint issue? \_\_\_\_\_

Is this the first complaint regarding this specific matter? \_\_\_\_\_

If not, when did you first make the complaint, and to whom: \_\_\_\_\_

Would you be willing to testify in court? \_\_\_\_\_

Are you currently a resident of the Village of Great Neck? \_\_\_\_\_

Is the complaint a result of a life threatening condition? \_\_\_\_\_\*

\*This matter may be referred to the Nassau County Police Dept – 911

Provide a description of complaint, include details such as dates, addresses, persons and provide any accompanying evidence such as photographs and videos. All complaints will be subject to investigation.

While your name and address on this form are not a public record, if you have a valid reason for not wanting to disclose your name and address you may send this form in a sealed envelope marked CONFIDENTIAL to, or telephone, the Mayor at Village Hall (516-482-0019).

PLEASE DESCRIBE YOUR COMPLAINT AS FULLY AS POSSIBLE (Use reverse side if necessary)

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Signature \_\_\_\_\_