



Village of Cahokia

Department of Code Enforcement

Date: _____

Complaint Form

Office: 618-337-9517 Fax: 618-337-9518 E-Mail: bdarnell@cahokiaininois.org

Complainant: _____	Phone: _____
Address: _____	

Location of Complaint: _____
Nature of Complaint: _____

Person does not have to give name or number to submit a complaint unless you require a return phone call from our office.