## TOWN OF KINGSTON COMMENTS OR SUGGESTIONS

Office Use Only:	
Received By:	
Date:	

It isn't necessary to provide a name, however anonymous complaints may not be addressed.  CONTACT INFORMATON		
Name:	Telephone:	
□ Please keep nan	ne confidential	
Address:		
E-mail:		
	COMMENT OR SUGGESTION	
Details:		

## **OFFICE USE ONLY** Comments: Response □ Letter ☐ Email ☐ Phone ☐ Schedule Meeting □ Other Corrective Action Needed: ☐ YES $\square$ NO Referred to: Dept., Board, Committee, Employee Date Corrective Action Taken: