

COMPLAINT REPORT

COMPLAINANT: This information is not mandatory, however if you should wish any type of response from the town this info is necessary.

Name: _____
Street: _____
Town: _____ **State:** _____ **Telephone:** _____
e-mail: _____

COMPLAINT AGAINST:

Facility: _____
Name: _____
Street: _____
Town: _____ **State:** _____ **Telephone:** _____

Landlord Tenant Neighbor Other

NATURE OF COMPLAINT: health sewage water refuse other

**DESCRIPTION
OF
COMPLAINT:**

ACTION TAKEN: