



Customer Complaint Form

(Revised 5/31/18)

Complaint will be thoroughly investigated by Town personnel. Please fill out form completely with as much detail available.

Nature of Incident: _____

Date Incident Occurred: _____

Select area of Incident/Concern:

Time Incident Occurred: _____ **AM / PM**

- Trash Service
- Planning/Zoning
- Office Staff
- Snow Removal
- Parks
- Animal Control
- Passports

- Financial
- Water
- Sewer
- Streets
- Sheriff/Police
- Code Enforcement
- Parking

Incident/Issue involves:

Person or persons: _____

Location of Incident: _____

Equipment: (If applicable) _____

Describe Incident: _____

Other Comments or suggestions: _____

Complainant Information:

Name: _____

Phone number: _____

Physical address: _____

Mailing address: _____

OFFICE USE ONLY:

Information received by: _____ Date: _____

Copied to: _____ Date: _____

Action Taken: _____

Follow up Complainant called: _____ Yes _____ No Date of Call _____

By whom _____

Further action needed/taken or final outcome comments: _____

Complaint resolved by: _____ **Date:** _____