



Internal Customer Complaint Form

Date(s) of incident/issue:

Approximate time of Day:

Choose Town Department involved from dropdown list below:

Choose Dept.

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

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- Financial
- Water
- Sewer
- Streets
- Sheriff/Police
- Nuisance
- Parking

Incident/Issue involves:

Person or persons:

Street address:

Equipment:

Briefly describe the situation:

Other Comments or suggestions:

Complainant Information:

Name:

Phone number:

Physical address:

Mailing address:

Action Taken:

Information received by:

Date:

Copied to:

Date:

Follow up Complainant called:

 Yes No

Date of Call

By whom

Further action needed/taken or final outcome comments:

Complaint resolved by:

Date: