

TOWN OF ATHELSTANE

COMPLAINT FORM

Time: _____

Date: _____

Complaint Against: _____

Made By: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Has the person(s) making this complaint contacted the individual or parties to whom this complaint is against? YES NO

If yes, how and when were they contacted? _____

Nature of Complaint: _____

Property Affected: _____

Description: _____

Date: _____

Signed: _____

**DO NOT WRITE
BELOW THIS LINE**

Evaluation & recommendation sought from: _____

Date reported to Appropriate Department? _____

ACTION: _____

Completely Resolved? YES NO

COMMENTS: _____