

TOWN OF ORFORD
COMPLAINT/COMMENT/SUGGETION FORM

Submitted by: _____

Date: _____

Name (please print): _____

Address: _____

Phone: _____ Email: _____

Complaint/comment/suggestion in regards to:

Please fill in name of the area affected: _____

Department: _____

Town Service: _____

Board: _____

Committee: _____

Commission: _____

Please fill in the name of the person(s) affected:

Individuals: _____

When and where did the action/activity leading to this complaint/comment/suggestion take place?

Describe your complaint/comment/suggestion. Include all observations that you made. Attach any pictures or other documentation that supports your complaint/comment/suggestion.

Signature: _____

Office Use Only

Received by: _____ Date: _____

Referred to: _____ Date: _____

Action taken by: _____ Date: _____

Notified of outcome by: _____ Date: _____