TOWN OF ORFORD
COMPLAINT/COMMENT/SUGGESTION 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:____________________________________________________________

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Office Use Only

Received by:_____________________________ Date:________________________

Referred to:______________________________ Date:________________________

Action taken by:___________________________ Date:________________________

Notified of outcome by:_____________________ Date:________________________