

TOWN OF ORFORD, NEW HAMPSHIRE
COMPLAINT FORM

Citizen's Name:	Email Address:
Address (Include street address, city, state & zip):	
Home Telephone Number:	
Daytime Telephone Number (If different):	

Citizen's Information (Person reporting complaint)

Topic _____

Area effected: Department / Other _____

Incident Date:	Incident Time:	Incident Location:
Compliant against (name):	2 nd Person (If applicable):	3 rd Person (If applicable):
Witness's Name, Address, Phone Number:		
Witness's Name, Address, Phone Number:		
Describe the Incident that is the Basis for Complaint (Attach additional information as necessary):		
Citizen's Signature:		Date:
<i>*Making a false statement on this complaint may result in criminal prosecution</i>		

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Receipt & Disposition Information (Office Use Only)

Employee Receiving Complaint:	Date and Time Received:	Report Forwarded to Orford Selectboard: _____ 1st SB Review Date: _____
Selectboard determination of type of complaint: Alleged Town Employee Misconduct (confidentiality procedures required) Service -related issue	_____ _____ _____	
Date of Disposition:	Final Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Exonerated <input type="checkbox"/> Not Sustained <input type="checkbox"/> Sustained	