

COMPLAINT FORM

TOWN OF BOLIVAR

NAME: _____

ADDRESS: _____

PHONE#: _____

DATE: _____

COMPLAINT: (Explain in detail, nature of complaint/concern and recommendation for remedy. Continue on back if necessary.)

Signature _____

ACTION TAKEN

BY: _____

DATE: _____

RESULTS: _____

SIGNATURE DEPT HEAD: _____

SUPERVISOR SIGNATURE: _____ DATE: _____