STRATFORD SEWER DEPARTMENT COMPLAINT FORM

Date: ____________________
Time: ____________________

Name of Complainant: _____________________________________________
Address: _______________________________________________________
Telephone number: _______________________________________________

Nature of Complaint: _____________________________________________

Location of Complaint (if applicable) ___________________________________

Specific Request (if applicable) ______________________________________

Personnel Assigned to Complaint: ________________________________

Assigned Personnel’s finding regarding complaint, including cause of problem:
______________________________________________________________

Complaint closeout information: ____________________________________

Date Complaint Closed: __________________________________________