

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: _____