

TOWN OF STRATFORD COMPLAINT FORM

Date: _____

Time: _____

Name of Complainant: _____

Address: _____

Telephone Number: _____

Nature of Complaint: _____

Location/Department of Complaint (if applicable) _____

Personnel Assigned To Complaint: _____

Assigned Personnel's finding regarding complaint, including cause of problem: _____

Complaint Closeout Information: _____

Date Complaint Closed: _____