

Complaint # _____

**Town of Clarendon
COMPLAINTS / CONCERNS**

AGAINST:

Date _____

Name _____

Tax Map # _____

Property Location _____

Mailing Address _____

Telephone No. _____

Date Concern Closed to Satisfaction _____

PERSON ISSUING COMPLAINT:

Name _____

Telephone No. _____

Address _____

NATURE OF PROBLEM: _____

Complainant Signature _____

Town Use Only

Complaint Received:

Via _____ By _____ On _____
(In person, telephone, etc...) *(Name of Town Employee)* *(Date)*

To _____ on _____
(Department) *(Date)* *(Initials)*