TOWN OF GLENVILLE
18 Glenridge Road
Glenville, NY 12302

RESIDENT COMPLAINT FORM

Name: ____________________________________________
(resident making complaint)

Address: __________________________________________

Phone No.: __________________________

NATURE OF COMPLAINT:
Location (if other than above):


Use other side if more space is needed:


FOR OFFICE USE ONLY

Date Received ___________________________ Received by ___________________________

Forwarded to ___________________________ Department ___________________________ Date: ___________________________

RESULT OF INVESTIGATION


Investigated by: ___________________________ Title: ___________________________

ACTION TO BE TAKEN BY THE TOWN (if necessary)


Resident was advised of the results on ___________________________.

Note: Employee taking the complaint will supply the resident with a copy of it. The original of the completed form must be kept on file in the office of the Town Clerk.