



COMPLAINT FORM

COMPLAINT:

Date of Incident (if relevant): _____

Address/Location: _____

Who/What is the Subject of Your Complaint: _____

Summary of Complaint: _____

Name of Person Making Complaint: _____

Address: _____

City: _____ State/ZIP: _____ Phone #: _____

Signature of Person Making Complaint

Date

TO BE COMPLETED BY TOWN OF WHEATLAND PERSONNEL

Date Received: _____

Action: _____

Follow-Up: _____
