

TOWN OF FULTON COMPLAINT FORM

COMPLAINT: _____

PLACE: _____

DATE: _____

PERSON/PARTY INVOLVED: _____

COMPLAINANT INFORMATION: (The person making the complaint)

Your Name: _____

Address: _____

Phone: _____

Please describe the nature of your complaint. Include any and all information pertinent to your claim. Please be advised any photos or document submitted may be kept by the Town and not returned. It is advised that you retain copies for your records. If necessary please attach additional sheet.

FOR TOWN USE ONLY:

COMPLAINT NO. _____

Accepted By: _____

ACTION TAKEN: _____

Dept/Subject: _____

Date Rec'd: _____

Reviewed By: _____
