

Town of Saltecoats

General Complaint Form

Complainant Information

Date reported:

Name:

Address:

Phone:

Email:

Nature of Complaint

Particulars of Complaint:

Date of Complaint:

Location:

Statement made this ____ day of _____, 20____.

Signature of Complainant

Signature of Reciever

Date Recieved

Action Taken

Administrator Notified?

YES

NO

Person Responding:

Date of Action:

Actions Taken:

Signature of Respondent