

**Town Use Only:**

Date Received: _____

Received By: _____

COMPLAINT AGAINST PERSONNEL

COMPLAINANT: _____

ADDRESS: _____

HOME PHONE: _____ OTHER PHONE: _____

DATE OF OFFENSE: _____

LOCATION OF OFFENSE: _____

DEPARTMENT PERSONNEL INVOLVED:

1. _____

2. _____

3. _____

NATURE OF COMPLAINT:
