

TOWN OF STEPHENSON

COMPLAINT FORM

TYPE OF COMPLAINT _____

TAKEN BY _____
(Name of Person Contacted at the Town)

DATE _____

Name _____

Address _____

Phone Number: _____

Date of Request: _____ Time: _____

Description of Concern _____

Location: _____

<p>Directed To: _____</p> <p>Follow-Up Phone Call Made: Yes No Date: _____</p> <p>Service/Response Provided: _____</p> <p>_____</p> <p>_____</p> <p>Employee Completing Service: _____</p> <p>Date of Service or Response Provided: _____</p> <p>Department: _____</p>
