

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