Town of Saltcoats

General Complaint Form

Complainant Information

Date reported: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Nature of Complaint

Particulars of complaint: _____

_____

_____

_____

_____

_____

_____

_____

Date of complaint: _____

Location of complaint: _____

Statement made this _____ day of _____, 20____.

_____

Signature of Complainant

_____ _____

Signature of Receiver **Date Received**

Action Taken

Administrator notified? **Yes** **No**

Person responding: _____

Date of action: _____

Actions taken: _____

_____

_____

_____

Signature of Respondent