



TOWN OF FORT FAIRFIELD
PUBLIC WORKS DEPARTMENT

COMPLAINT FORM

(Drop off at Town Office or Public Works)

NAME: _____ TELEPHONE: _____

ADDRESS: _____

DATE: _____ TIME: _____

NATURE OF COMPLAINT: _____

VARIFIED: DATE: _____ TIME: _____

BY: _____

COMMENTS: _____

ACTION TAKEN: DATE: _____ TIME: _____

REVIWED BY: _____ PUBLIC WORKS DIRECTOR

DATE FILED: _____