

Town of Durham Compliment/Complaint/Suggestion Form

Check one: COMPLIMENT____ COMPLAINT____ SUGGESTION ____

Your Name: _____

Address: _____

Telephone number: _____ Email: _____

Compliment/Complaint/Suggestion (Include nature and location): continue on back if needed

Signature of Complainant: _____

Do you want a response? Yes ___ No ___

How do you want us to respond? Phone ___ Email ___ Mail ___

Please make sure you have included your contact info.

Below for Office Use Only

Date _____ Time _____ Received by _____

How Reported: Telephone__ In writing__ In person__ By Fax__ E-mail__ (check all that apply)

The original will be filed in the Town Office. Copies emailed to Select Board ____

Complaint or Concern forwarded to: _____

Name

Department

Forwarded by: mail____, e-mail____, faxed____, in person____

Date _____ Time _____ Initials _____

Action Taken by Department Head

Date responded: _____ Init. _____ How responded? Phone ___ Email ___ Mail ___

Notes _____
