

COMPLAINT FORM

LOCATION OF COMPLAINT _____

NAME _____

CITY OF ATHOL

DEPARTMENT OF _____

NAME OF CALLER: _____

DATE: _____

TIME: _____

ADDRESS: _____

PHONE NUMBER: _____

INSPECTION _____

COMPLAINT _____

REQUEST FOR SERVICE _____

HOW RECEIVED: _____

PHONE _____

MAIL _____

PERSONAL _____

REMARKS: _____

RECEIVED BY: _____

REFERRED TO: _____

DATE: _____

REPORT: _____

WORK DONE BY: _____

SUPERVISOR: _____

ADDITIONAL INFORMATION: _____
