



TOWN OF IGNACIO

COMPLAINT FORM

TODAY'S DATE: _____ TIME: _____

NAME: _____

PHONE: _____ ALT PHONE: _____

DATE & TIME OF INCIDENT: _____

DESCRIPTION OF COMPLAINT:

SIGNATURE: _____ DATE: _____

Staff Section

Action taken or answer given:

Is the person making the complaint satisfied? ☐ Yes ☐ No

Do you expect complaint to be made again? ☐ Yes ☐ No

Other comments:

Signature of Employee

Date