

Town of Englehart
Public Complaint

Complainant's Name: _____

Address: _____

Telephone: _____

Nature of Complaint: _____

For Office Use

Date: _____ Time: _____

Received By: _____

Action Taken: _____

Comments: _____

Works Department Sign-off

Date: _____ Time: _____

Name: _____

Signature: _____