

# TOWN OF CANTON COMPLAINT FORM

DATE OF COMPLAINT \_\_\_\_\_ TIME \_\_\_\_\_

COMPLAINT RECEIVED BY \_\_\_\_\_

COMPLAINANT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

DESCRIPTION OF  
COMPLAINT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BY \_\_\_\_\_ SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

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DATE OF  
INVESTIGATION \_\_\_\_\_ BY \_\_\_\_\_

INVESTIGATION FACT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VIOLATION: YES \_\_\_ NO \_\_\_ CHAPTER \_\_\_\_\_ SECTION \_\_\_\_\_  
REGULATION \_\_\_\_\_

REFERRED TO DEPT \_\_\_\_\_ DATE \_\_\_\_\_

LOG ACTION \_\_\_\_\_

\_\_\_\_\_

INITIAL \_\_\_\_\_

\_\_\_\_\_