

Town of Canton

60 Main Street
Canton NY 13617

Complaint Form

Date of Complaint: _____ Time of Complaint: _____

Complaint Received by: _____ Date Received: _____

Complainant Name: _____ Complainant Phone Number: _____

Complainants Address: _____

Description of Complaint: _____

Complainants Signature: _____

Date of Investigation: _____ Completed By: _____

Investigation of Complaint: _____

Violation: Yes _____ No _____ Code _____ Section(s) _____

Regulation (s): _____

Referred To Department: _____ Date Referred: _____

Action Logged: _____

Initial: _____