TOWN OF MILLVILLE

INVESTIGATIVE COMPLAINT / INQUIRY FORM

Information Taken By:

_____

Distributed to: _____

Date: _____

1. **Name of person reporting complaint or inquiring:_____**
   Address:_____
   Telephone #:_____
   Signature: _____

2. **Address / Location of complaint or inquiry:_____**
   _____
   Owner: _____

Details of Complaint / Inquiry

_____

_____

_____

_____

Status of Complaint / Inquiry

_____

_____

_____

_____

_____

COMPLETION:

Date Finalized: _____
Signature: _____

_____
DB:Complaint/InquiryForm
2/24/14