

**Town of Wolcott**  
**COMPLAINT FORM**

DATE: \_\_\_\_\_

COMPLAINANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PERSON TAKING COMPLAINT: \_\_\_\_\_

NATURE OF COMPLAINT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMEDY OF COMPLAINT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Remedy: \_\_\_\_\_

Department Head's Signature: \_\_\_\_\_

Signature of Council President: \_\_\_\_\_