

TOWN OF ARUNDEL COMPLAINT FORM

TYPE OF COMPLAINT:

DATE:

Name:

Address:

City:

State:

ZIP Code:

Phone:

Cell:

NATURE OF PROBLEM

Problem Reported:

SERVICE DETAILS

First Response Action:

CORRECTIVE ACTION PERSON/DEPARTMENT

CORRECTIVE ACTION FOLLOW UP

Date:

Findings:

What steps should be considered to avoid a repeat of the problem:

Response to Complainant :

- Phone call: _____
- Written: _____ (copy attached)

Signature of person completing form: _____