Town of Greenfield

COMPLAINT FORM – ABOUT A DEPARTMENT/EMPLOYEE

Date: _____

Employee Name: _____

Department: _____

Nature of Complaint (Please be very specific): _____

_____

_____

Date of Occurrence: _____

Your Signature: _____Date: _____

Your Name (Please Print): _____

Your Phone Number: _____

Your Address:_____

(Official Use)

Investigation: _____

_____

Investigated By: _____Date: _____

Action Taken: _____

_____

Follow Up: _____Date: _____

Final Disposition: _____Date: _____