



Town of Greenfield

COMPLAINT FORM – ABOUT A PROPERTY OWNER/RESIDENT

Date: _____

Name: _____

Address: _____

Property Owner (If not above): _____

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: _____