VILLAGE OF ROCHESTER

COMPLAINT FORM

NAME:_____**DATE:**_____

ADDRESS:_____

PHONE:_____

EMAIL ADDRESS:_____

COMPLAINT

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OFFICE USE ONLY

DIRECT TO:_____**BY:**_____

FURTHER ACTION NEEDED:_____

ACTION TAKEN:_____

_____

COMPLETED BY:_____**DATE:**_____

CUSTOMER CONTACTED BY:_____**DATE:**_____