

VILLAGE OF ROCHESTER

COMPLAINT FORM

NAME: _____ **DATE:** _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

COMPLAINT

OFFICE USE ONLY

DIRECT TO: _____ **BY:** _____

FURTHER ACTION NEEDED: _____

ACTION TAKEN: _____

COMPLETED BY: _____ **DATE:** _____

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