



Incorporated in 1869

Village of Rochester

COMPLAINT FORM

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Complaint

OFFICE USE ONLY

Received by: _____ Date: _____

Direct to: _____ Further Action Needed: Yes / No

Action Taken: _____

Completed by: _____ Date: _____

Complainant contacted by: _____ Date: _____