

## **Town of Farmington Complaint Form**

### **All information must be completed:**

Name of Complainant:

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The address of his / her place of residence:

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Phone Number/s:

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Actual complaint: (Describe the actual event or action to which you witnessed):

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Address/location of the incident:

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Date and time witnessed:

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Name of person/s involved in the incident: (If Known)

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Resolution \_\_\_\_\_

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Signature of Complainant: \_\_\_\_\_

Date: \_\_\_\_\_