

**Town of Farmington Complaint Form**

**All information must be completed:**

Name of Complainant:

\_\_\_\_\_

The address of his / her place of residence:

\_\_\_\_\_

Phone Number/s:

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address/location of the incident:

\_\_\_\_\_

Date and time witnessed:

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Resolution \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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