

East Buffalo Township Concern/Complaint Report

Name: _____

Date: _____

Address: _____

Received By: _____

Phone Number: _____

Email: _____

Wish to Remain Anonymous: Y or N

Signature: _____

LOCATION OF CONCERN/COMPLAINT: _____

CONCERN\COMPLAINT DETAILS (*ATTACH ADDITIONAL SHEETS IF NECESSARY*): _____

TO BE COMPLETED BY TOWNSHIP PERSONNEL ONLY BELOW

DEPARTMENT TO HANDLE CONCERN\COMPLAINT: _____

EMPLOYEE(S) REFERRED TO: _____

DATE VISITED SITE: _____ TIME: _____ REPORTEE PRESENT: Y OR N

FINDINGS\INVESTIGATION: _____

RESPONSE\RESOLUTION: _____

DATE: _____

SIGNATURE: _____