



TOWN OF BELMONT

Citizen Complaint Report

Date: _____

PERSON FILING COMPLAINT:

Name: _____

Address: _____

City, St, Zip: _____

Phone: _____

Email: _____

COMPLAINT AGAINST:

Name: _____

Address: _____

City, St, Zip: _____

Phone: _____

Email: _____

Complaint Type: _____

(ie: against a Property Owner; specific Department, re: Garbage, re: Roads, re: Ordinance, etc.)

Physical Location/Address of Complaint: _____

Description of Complaint: _____

Complainant Signature: _____

(Below for Office Use Only)

Received Date: _____

Received By: _____

Received Time: _____

Referred To: _____

Action Taken: _____

Complainant Notified – Date: _____ By: Phone _____ Mail _____ Email _____