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TOWN OF NEW DURHAM, NEW HAMPSHIRE  
OFFICE of the TOWN ADMINISTRATOR

**COMPLAINT FORM**

**Complainant:** (Please Type or Print) \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Is this complaint regarding a:** Department \_\_\_\_\_ Employee \_\_\_\_\_  
Volunteer \_\_\_\_\_ Town Services \_\_\_\_\_  
Board, Committee or Commission \_\_\_\_\_

Please fill in the name of the department, employee, volunteer or Town Service

**When and where did the action/activity leading to this complaint take place?**

**Describe your complaint. Include all observations that you made. Attach any pictures or other documentation that supports your complaint.**

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

\*\*\*\* \* For Office Use Only \*\*\*\*

**Complaint Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Complaint Referred To:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Action Taken:**

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

**Complainant Notified of Investigation Outcome By:** \_\_\_\_\_ **Date:** \_\_\_\_\_