Cecile M. Chase Town Administrator

ndadmin@newdurhamnh.gov 603-859-2091 x3



Town Hall 4 Main St. PO Box 207 New Durham, NH 03855

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

## **COMPLAINT FORM**

Is this complaint regarding a: DepartmentTown Services VolunteerTown 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:	Complainant: (Please Type or Print)					
Email:Employee	Address:					
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.	Email:					
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.	Is this complaint regarding a: Department	Empl	ovee			
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Complaint Received By: Date: Complaint Referred To: Date:	**** ***** ***** ***** For Office Use Only	****	****	****	****	****
Complaint Referred To: Date:			D	ate		
Action Taken:		Date:				-
	Action Taken:					

Complainant Notified of Investigation Outcome By: Date: