



Middletown

Resident Complaint Form

Filer's Information	
Name of Complainant:	_____
Address:	_____
Email:	_____ Phone # _____

ANONYMOUS COMPLAINTS ARE NOT ACCEPTED

Address of concern:	_____
Nature of Complaint:	_____

Signature: _____	Date: _____
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Office Use Only

Complaint # _____

Date Received: _____	Received by: _____
Town Code Section Violation: _____	
Town Staff Assigned: _____	Title: _____
Result of Investigation: _____	

Action taken by Town: _____
Response to Complainant: _____
Response by: Email _____ Phone _____ Letter _____

Date of Response: _____	Employee Signature: _____
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