



**TOWN OF BETHANY**  
**10510 Bethany Center Road**  
**East Bethany NY 14054**

**COMPLAINT FORM**

Date: \_\_\_\_\_

Complainant: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Location: \_\_\_\_\_

Resident: \_\_\_\_\_

Phone #: \_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Complainant \_\_\_\_\_

Complaint referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint Status/Follow-up:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_