Town of Scriba Resident Request/Complaint Form

Filing Date_____ Incident #_____

Request for: Service / Complaint

To: Scriba Town Supervisor

Name:_____
Address:_____
Mailing address (If different):_____
Phone:_____
Nature of Request / Complaint:

_____
_____
_____
_____
_____
_____

Resident's Signature:_____
Date Activity Occurred:_____

Department:_____
Department Head Assigned to this request /complaint:_____
Date:_____
Supervisor's Signature:_____

Nature of resolution:

_____
_____
_____
_____
_____
_____

(Add supplemental report if needed)

Completion Date:_____

Acceptance of Resident
signed:_____Date:_____