Town of Campbell Incident Report

Person Filing Complaint

Name: _____

Address: _____

Best phone number to contact you: _____

Email address: _____

Against Whom are you filing a complaint?

Name: _____

Title or Position: _____

Name: _____

Title or Position: _____

When did the incident occur?

Date: _____

Time: _____

Where did the incident occur?

Address: _____

Name of Town Facility (If applicable)

_____

Name and contact information of witnesses

Where there any witnesses? _____ Yes _____No

If yes, please provide the following:

Name: _____

Address: _____

Phone Number: _____

Town of Campbell Incident Report

Name: _____

Address: _____

Phone Number: _____

Please describe the incident on the lines provided below. To the best of your recollection, please provide any details you think are important that lead up to the complaint. These details should include any citations, meetings, telephone calls or emails.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature* _____ Date_____

*Signature is required to initiate the compliant process. Turn in Signed and Dated complaint to Town Clerk or to Town Supervisor. An investigation will take place within 60 days of the filing of this complaint.