



Borough of Sussex

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COMPLAINT FORM

DATE: _____

TIME: _____

COMPLAINT RECEIVED BY: _____

COMPLAINT ASSIGNED TO: _____

NATURE OF COMPLAINT: _____

LOCATION OF COMPLAINT: _____

NAME OF COMPLAINANT: _____

ADDRESS OF COMPLAINANT: _____

TELEPHONE NO.: _____

RESPOND IN WRITING _____ YES _____ NO

RETURN PHONE CALL _____ YES _____ NO

