

**TOWN OF IGNACIO  
COMPLAINT FORM**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME OF PERSON COMPLAINING: \_\_\_\_\_

DESCRIPTION OF COMPLAINT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken or answer given:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you believe the person making the complaint to be satisfied?     Yes     No

If no, do you expect complaint to be made again?                     Yes     No

Other comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employee: \_\_\_\_\_