CITY OF SHELTON
REQUEST/COMPLAINT FORM

NAME: _____ DATE: _____

ADDRESS: _____ CALL __ VISIT __

TEL. _____ RECEIVED BY _____

TEL. _____ DEPT. _____

LOCATION: _____

_____

DETAILS: _____

RESPONSE TO COMPLAINT: _____

RESPONSE PREPARED BY:

_____ _____
NAME & DEPARTMENT DATE

REFERRED TO THE FOLLOWING DEPARTMENT(S)

_____ BY: _____

_____ DATE: _____