Town of GALEN

Wayne County New York

COMPLAINT

| Complainant ————— | |
|--------------------------------------|------------------|
| | |
| Address — | |
| | |
| Date ———— | Phone No |
| Nature Of Complaint: | |
| | |
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| | |
| Received by | Date Time |
| Action taken on/or referral to anot | ther department: |
| | |
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| | |
| | • |
| Date copy forwarded to Town Supe | ervisor |
| Supervisor's investigative report to | o Town Board |
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