



PO Box 447 V 8 E. Main Street V Fonda NY 12068

Voice (518) 853-4335 V FAX (518) 853-4555

GENERAL COMPLAINT FORM

Upon signing this form I agree that should legal proceedings be required I will APPEAR IN COURT AS A WITNESS TO GIVE EVIDENCE TO THE TRUTH of this complaint. All personal information will remain confidential

Complainant Name: _____

Property Location of
Complaint: _____

Address: _____

Today's Date: _____

Phone #: _____

Specific Details of Complaint:

Date(s) _____

Time(s) _____

Location _____

Supporting evidence: ___ photos ___ written statements of neighbors ___ other

Any additional useful information _____

I certify that the information provided on this form is true, that I personally witnessed this alleged violation, and that I may be called to testify about these facts and agree to do so.

signature

FOR OFFICE USE ONLY

Date/Time Rec'd: _____

Rec'd by: _____

Follow-up: Form forwarded to who _____

Date/Time Repair: _____

when _____

Action taken: _____

how _____

Corrective Action to protect public: _____