

TOWN OF BALLSTON

P.O. Box 67
Burnt Hills, NY 12027

RESIDENT COMPLAINT FORM

NAME: _____ PHONE: _____

ADDRESS: _____

LOCATION (IF OTHER THAN ABOVE): _____

NATURE OF COMPLAINT: _____

PLEASE NOTE: Under the Freedom of Information Law this signed complaint will be produced upon written request.

COMPLAINANT SIGNATURE: _____ DATE: _____

OFFICE USE

DATE RECEIVED: _____ RECEIVED BY: _____

FORWARDED TO: _____ DATE: _____

RESULT OF INVESTIGATION: _____

INVESTIGATED BY: _____ TITLE: _____

ACTION TO BE TAKEN BY TOWN: _____

RESIDENT ADVISED OF RESULTS ON: _____