

**TOWN OF CHICOG  
FORMAL COMPLAINT**

Name of person(s) making the complaint:\_\_\_\_\_

Address of person(s) making the  
complaint:\_\_\_\_\_

Date of complaint:\_\_\_\_\_ Date & Time of incident:\_\_\_\_\_

Where the incident took place:\_\_\_\_\_

Complaint/incident: \_\_\_\_\_

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If more space is needed please use the back of this form.

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Signature of complaintant(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date & name of Board Member reviewing complaint.