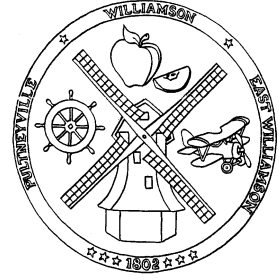


Town of Williamson

6380 Route 21, Suite II

Williamson, NY 14589

Wayne County



COMPLAINT

Complainant: \_\_\_\_\_

Complainant Address: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received By: \_\_\_\_\_ Time: \_\_\_\_\_

Action taken on/or/referral to another department: \_\_\_\_\_

\_\_\_\_\_

Date copy forwarded to Town Supervisor: \_\_\_\_\_

Investigative report to Town Board: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_