

Appendix "A"
Municipality of Brockton Complaint Response Policy Form

Your Name (Print): _____

Your Signature: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Mailing Address: _____

Email Address: _____

What is your complaint? Please include the relevant date(s), location, and background information, including the Municipal employees you have contacted regarding this matter. (Please attach a separate page to this form if you require additional space to record your complaint). Please Note: You may be summoned to court to testify concerning this complaint.

How could this situation be improved?

Additional Information:

Office Use Only

File Number: _____ Received by: _____

CAO Signature: _____ Delegated to: _____

Acknowledgement of Receipt of Complaint:

Sent Date: _____ By Staff Name: _____

Action Taken:

Final Response to Complaint:

Sent Date: _____ By Staff Name: _____

CAO Initials: _____