

**TOWN OF VIRDEN
COMPLAINT FORM**

Complaint Information

Name: _____

Date: _____ Time: _____

Phone: _____

Complaint: _____

Taken By: _____ Location: _____

Action:

Routed To: _____ Date: _____ Time: _____

Report of Action Taken:

Date: _____ Time: _____ By: _____

