

***** TOWN OF FRANKLIN *****
COMPLAINT FORM

To Be Completed by Complainant

NAME: _____ Date: _____

ADDRESS: _____ Phone # (H): _____

_____ Phone # (W): _____

NATURE OF COMPLAINT: _____

To be completed by receiving Town Official

DATE RECEIVED: _____

BY: _____

For Action By: Selectboard
 Animal Control

Zoning Administrator
 Other: _____

OFFICIAL RESPONSE

DATE RECEIVED: _____

BY: _____

DATE REVIEWED: _____

By: _____

OFFICIAL RESPONSE TO COMPLAINT: _____

Complainant notified on _____ by _____.