



TOWN OF TRURO

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COMPLAINT FORM

DATE _____

NAME, ADDRESS & PHONE NUMBER:

PLEASE PRINT OR TYPE YOUR COMPLAINT. PROVIDE NAMES OF PERSONS YOU DEALT WITH, DATES AND TIMES, AND NAME OF BUSINESS OR DEPARTMENT, IF APPLICABLE. PLEASE SIGN FORM.

SIGNATURE

DATE FORWARDED: _____ DEPARTMENT: _____

ACTION TAKEN: _____

