



Town of Windham Complaint Form

979 Main Street, Willimantic, Connecticut 06226

860-465-3009 • Fax 860-465-3110

Name of Person Making Complaint: _____

Address: _____

Mailing Address (if different): _____

Telephone #: (H) _____ (W) _____

(C) _____ (Email) _____

Location of Complaint: _____

Description of Complaint: _____

I hereby give permission for Town Officials to enter upon my property/apartment for the sole purpose of investigation the above complaint.

Signature: _____ Date: _____

Complaint Received By: _____ Date: _____

Complaint Forwarded To: _____ Date: _____

Complainant Called On: _____ Time: _____

Result of Complaint Investigation: _____

Signature of Individual Investigating Complaint

Date

PLEASE RETURN FORM BACK TO THE FIRST SELECTMAN'S OFFICE AFTER INVESTIGATING COMPLAINT