



# Town Of Durham

630 Hallowell Road  
Durham, Maine 04222

*Incorporated 1789*

[www.durhamme.com](http://www.durhamme.com)

Tel: 207-353-2561

Fax: 207-353-5367

## Compliment/Complaint/Suggestion Form

Check One: Compliment  Complaint  Suggestion

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Compliment/Complaint/Suggestion (Include nature and location): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(continue on back if needed)*

Signature of Complainant: \_\_\_\_\_

Do you want a response? Yes \_\_\_ No \_\_\_

How do you want us to respond? Phone \_\_\_ Email \_\_\_ Mail \_\_\_

**Please make sure you have included your contact info.**

### ***Below for Office Use Only***

Date \_\_\_\_\_ Time \_\_\_\_\_ Received by \_\_\_\_\_

How Reported: Telephone \_\_\_ In writing \_\_\_ In person \_\_\_ By Fax \_\_\_ E-mail \_\_\_ (check all that apply)

***The original will be filed in the Town Office. Copies emailed to Select Board \_\_\_***

Complaint or Concern forwarded to: \_\_\_\_\_

(Name)

(Department)

Forwarded by: mail \_\_\_\_\_, e-mail \_\_\_\_\_, faxed \_\_\_\_\_, in person \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_

**Action Taken by Department Head:** \_\_\_\_\_

Notes: \_\_\_\_\_