

Town Of Durham

630 Hallowell Road Durham, Maine 04222

Incorporated 1789

www.durhamme.com

Tel: 207-353-2561 Fax: 207-353-5367

Compliment/Complaint/Suggestion Form

Check One: Compliment	Complain	t O	Suggestion
Your Name:		_	
Address:			
Telephone number:			
Compliment/Complaint/Suggest	tion (Include nature ar		
Signature of Complainant:			(continue on back if needed)
Do you want a response? Yes (How do you want us to respond Please make sure you have inc	? Phone Emai		
Below for Office Use Only			·····
Date Time How Reported: Telephone In The original will be filed in the	writing In person_	_ By Fax E-mail	(check all that apply)
Complaint or Concern forwarde			
	(Name)		(Department)
Forwarded by: mail, e	e-mail, faxed Time	, in person_ Initials_	
Action Taken by Departme	nt Head:		
Notes:			
Revised: May 19, 2017		Approved: M	Tay 30, 2017 by Select Board

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