

Please print, complete and mail or deliver this form to:

**Village of Westfield
23 Elm Street
Westfield, NY 14787**

COMPLAINT REPORT

To be completed for all personal or telephone complaints regarding any Village operated or regulated services.

Date:	Time:
Received By:	
Complainant:	
Address:	
Phone:	
Department: <input type="checkbox"/> Water <input type="checkbox"/> Electric <input type="checkbox"/> Sewer <input type="checkbox"/> Street <input type="checkbox"/> Police <input type="checkbox"/> Bldg./Fire <input type="checkbox"/> Office	
Nature of Complaint:	
Complainant's Signature: _____ Date: _____	
Referred to:	
Action taken:	

Original: File/Clerk's Office
Copies: Dept. Supervisor
 Dent Liaison