



***Town of Wellfleet
Citizen Complaint Form***

DATE RECEIVED
OFFICIAL
USE ONLY

TO BE FILLED IN BY THE CITIZEN AND FILED WITH THE TOWN MANAGER:

I. CITIZEN INFORMATION:

Name: _____ May we use your name in pursuing this matter? ☐ Yes ☐ No

Street Address/Town/State/ZIP: _____

Mailing Address/Town/State/ZIP (if different): _____

Telephone Days: _____ Evenings: _____ FAX: _____
e-mail: _____

II. NATURE OF COMPLAINT:

TO BE FILLED IN BY TOWN MANAGER (INITIAL BELOW)

III. REFERRAL OF COMPLAINT TO DEPARTMENT HEAD:

TO: _____ Date of Referral: _____

The above complaint is referred to you for your investigation and report. Please complete the bottom part of this form, notify the citizen of the outcome of your investigation, and return this form to the Town Manager in ____ days.

TO BE FILLED IN BY DEPARTMENT HEAD (INITIAL BELOW)

IV. INVESTIGATION REPORT:

Date Citizen Notified by Dept Head: _____

By ☐ Telephone; ☐ FAX ☐ Letter ☐ e-mail (attach)