TOWN OF CHESTER, NEW HAMPSIRE
COMPLAINT FORM

Person Filing Complaint: _____Telephone: _____

Address/Contact: _____

Location of Complaint: _____

Type of Complaint: ☐Health ☐Building ☐Zoning ☐Fire ☐Highway ☐Other

Nature of Complaint: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____(attach additional sheets if necessary).

Person Taking Complaint: _____Date: _____

Complaint Referred To: _____Date: _____

For Official Use Only_____Number Assigned: _____

Action (s) Taken: _____
_____
_____
_____
_____
_____
_____
_____(Attach additional sheets if necessary).

Complaint Investigated By: _____

Dates Involved: _____

Further Action Required: ☐Yes ☐ No By Whom: _____

Complaint Closed: ☐ Yes ☐No Date: _____

Signature of Official Closing Complaint: _____

Attach Copies Of All Investigation Reports

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