



141 Main Street | P.O. Box 223 | Townsend, Delaware 19734
Fax No. 302.378.7099

Town of Townsend Complaint Form

(*) Today's Date:

(*) Time:

Name of person taking complaint:

(If applicable - office use only)

Contact Information

Name of complainant:

Address of complainant:

Phone number of complainant:

Email address of complainant:

Complaint

(*) Address of complaint:

(*) Nature of Complaint:

Do not write below this line (office use only)

Complaint referred to:

Action taken:

Resolution to complaint:

Date of complaint resolution:

(*) - Information required.