

**COMPLAINT FORM**

Town of Alexandria, New Hampshire

( )Selectmen ( )Police ( )Cemetery ( )Health ( )Town Clerk/Tax Collector  
( )Highway Department ( )Other: \_\_\_\_\_

Received by: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_  
Received via: ( )Phone ( )Letter ( )In Person

Description of Complaint

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Site Location: \_\_\_\_\_ Map# \_\_\_\_\_ Lot# \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Does complainant wish to remain anonymous? ( )Yes ( )No ( )N/A

Complainant Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Other Contact/Witness: \_\_\_\_\_

Office Notes:

