



CITY OF SALEM COMPLAINT FORM

7782



DATE _____, 20____ TIME _____

NAME OF COMPLAINANT _____ ACCOUNT # _____

ADDRESS _____ TELEPHONE NUMBER _____

COMPLAINT MADE: BY PHONE IN PERSON BY LETTER

ADDRESS OF COMPLAINT (IF DIFFERENT THAN ABOVE LISTED ADDRESS):

EXACT LOCATION OR AREA OF COMPLAINT: _____

COMPLAINT: _____

WATER METER READING: _____

GAS METER READING: _____

COMMENTS: _____

DEPARTMENT ASSIGNED: _____

DATE TAKEN CARE OF: _____

TAKEN CARE OF BY: _____

NAME(S)

OUTSIDE ASSISTANCE USED: YES NO

COMPANY _____ PERSON ASSISTING _____ TELEPHONE _____

THIS COMPLAINT PREPARED BY: _____ SIGNATURE _____

WHITE COPY (Original)
YELLOW COPY (City Hall File)
PINK COPY (Department File)