

**FORM A**  
**TOWN OF STAR CITY**  
**COMPLAINT FORM**

NAME OF COMPLAINANT \_\_\_\_\_

MAILING ADDRESS OF COMPLAINANT: \_\_\_\_\_

CIVIC ADDRESS OF COMPLAINANT: \_\_\_\_\_

PHONE NUMBER OF COMPLAINANT: \_\_\_\_\_

-----  
DATE OF INCIDENT: \_\_\_\_\_

PARTICULARS OF INCIDENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not enough room on this form, please continue with particulars on back of page or on an additional sheet.

Statement made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Signature of Administrative Staff  
to show receipt.

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
No. of Pages

**FOR OFFICE USE ONLY**

HOW WAS COMPLAINANT RESOLVED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_