

Town of Chesterfield, NH
CONFIDENTIAL COMPLAINT FORM

Complainant: _____

Address: _____ Telephone: (H) _____ (W) _____

Date, Time, Location of Incident: Description of Incident:

Name of Employee(s) against whom complaint is being filed, if known:

Dept.: _____ Name: _____ Vehicle #: _____

Dept.: _____ Name: _____ Vehicle #: _____

Brief summary of Complaint (please provide as much information as possible):

Resolution sought: _____

I understand that this statement of complaint will be submitted to the Chesterfield Town Administrator and may be the basis for an investigation.

Signature of Complainant

Date