

TOWN OF FRANKLIN
COMPLAINT FORM

Date Submitted _____

Name _____ Address _____

Phone Number _____

Location/Address of Complaint _____

Description of Complaint:

Duration of Complaint _____

Form must be filled out in full in order to be accepted.

For Office Use Only:

Complaint Category _____ Complaint ID # _____

Person Responsible _____

Address _____ Phone _____

Parcel Number _____ Property Owner _____

Address _____

Phone _____

Violation Type _____ Ordinance _____

Section Number _____ Date Investigated _____

Results/Action Taken :