

[Empty box]

No. _____

TO W N O F S O U T H W I N D S O R CUSTOMER REQUEST FORM

SERVICE

COMPLAINT

COMMENT

Date: _____ Time: _____

How Reported In person Phone Mail Other

Name of Customer: _____

Address: _____

Phone Number: _____

Location of Request/Complaint: _____

Description of Request/Complaint: _____



If a formal complaint, customer's signature: _____

Received by: _____

Forwarded to: _____

Action Taken: _____

Any Additional follow-up required: _____

Was Department Head informed of request Yes No
Was Department Head informed of action taken Yes No

Explain: _____

Was Town Manager informed of request Yes No
Was Town Manager informed of action taken Yes No

Explain: _____