

Village of Richfield Springs

www.villageofrichfieldsprings-ny.com

CONCERN/COMPLAINT FORM

201____ - _____

Date_____

Name_____ Phone_____

Address_____

Nature of Complaint (attach photos if obtained)

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Office Use Only

Date Stamp

Forward to _____

Action Taken (within 5 days):

Signed_____ Date_____

(Return form to Village Office)