CONFIDENTIAL

THIS IS NOT A PUBLIC RECORD

SHREWSBURY TOWNSHIP

Complaint Form

Complainant's Name: _____

Address: _____

Telephone: _____ E-mail: _____

Description of Complaint: _____

_____

_____

_____

_____

_____

DO NOT WRITE BELOW – TOWNSHIP USE ONLY

Complaint Received By: _____

Date Received By: _____ Time: _____ AM/PM

Action Taken: _____

_____

_____

_____

_____

Action Taken By: _____

Contact to Resident Made By: _____

- ☐ Satisfied Resident
- ☐ Non-Satisfied Resident