

**CITY OF SHELTON  
REQUEST/COMPLAINT FORM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CALL \_\_ VISIT \_\_

TEL. \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

TEL. \_\_\_\_\_ DEPT. \_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_

DETAILS: \_\_\_\_\_

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RESPONSE TO COMPLAINT: \_\_\_\_\_

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RESPONSE PREPARED BY:

\_\_\_\_\_  
NAME & DEPARTMENT

\_\_\_\_\_  
DATE

REFERRED TO THE FOLLOWING DEPARTMENT(S)

\_\_\_\_\_

BY: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_