



PO Box 447 V 8 E. Main Street V Fonda NY 12068  
Voice (518) 853-4335 V FAX (518) 853-4555

### GENERAL COMPLAINT FORM

Upon signing this form I agree that should legal proceedings be required I will APPEAR IN COURT AS A WITNESS TO GIVE EVIDENCE TO THE TRUTH of this complaint. All personal information will remain confidential

Complainant Name: \_\_\_\_\_

Property Location of  
Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Specific Details of Complaint:

Date(s) \_\_\_\_\_

Time(s) \_\_\_\_\_

Location \_\_\_\_\_

Supporting evidence: \_\_\_ photos \_\_\_ written statements of neighbors \_\_\_ other

Any additional useful information \_\_\_\_\_

I certify that the information provided on this form is true, that I personally witnessed this alleged violation, and that I may be called to testify about these facts and agree to do so.

\_\_\_\_\_  
signature

Office Use Only

Complaint Received by: \_\_\_\_\_ date: \_\_\_\_\_ via: \_\_\_\_\_

Complaint forwarded to: \_\_\_\_\_ date: \_\_\_\_\_ via: \_\_\_\_\_

Investigation findings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_