

Town of Scriba Resident Request/Complaint Form

Filing Date _____

Incident # _____

Request for: Service / Complaint

To: Scriba Town Supervisor

Name: _____

Address: _____

Mailing address (If different): _____

Phone: _____

Nature of Request / Complaint: _____

Resident's Signature: _____

Date Activity Occurred: _____

Department: _____

Department Head Assigned to this request /complaint: _____

Date: _____

Supervisor's Signature: _____

Nature of resolution: _____

(Add supplemental report if needed)

Completion Date: _____

Acceptance of Resident
signed: _____ Date: _____