

VILLAGE OF SAG HARBOR



55 Main Street, PO Box 660, Sag Harbor, NY 11963 (631)725-0222

COMPLAINT/REQUEST FOR SERVICE

LOCATION OF COMPLAINT: _____ DATE: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

PLEASE CHECK THE FOLLOWING: COMPLAINT: _____ REQUEST FOR SERVICE: _____

HOW RECEIVED: PHONE: _____ MAIL: _____ PERSONAL: _____

REMARKS/COMMENTS: _____

RECEIVED BY: _____

REFERRED TO: _____ DATE: _____

ACTION TAKEN: _____

COMMENTS: _____

WORK DONE BY: _____

SUPERVISOR: _____