

TOWN OF DARIEN
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TDD/TYY 1-800-662-1220

COMPLAINT FORM

DATE: _____

COMPLAINANT:

NAME: _____

ADDRESS: _____

PHONE # _____

COMPLAINT REGARDING:

NAME: _____

ADDRESS: _____

REASON FOR COMPLAINT:

COMPLAINANT SIGNATURE: _____

ACTION TAKEN:

RESULT OF ACTION TAKEN:

SIGNATURE: _____