

# Town of Campbell Incident Report

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## Person Filing Complaint

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

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

Best phone number to contact you: \_\_\_\_\_

Email address: \_\_\_\_\_

## Against Whom are you filing a complaint?

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

Title or Position: \_\_\_\_\_

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

Title or Position: \_\_\_\_\_

## When did the incident occur?

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## Where did the incident occur?

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

## Name of Town Facility (If applicable)

\_\_\_\_\_

## Name and contact information of witnesses

Were there any witnesses?  Yes  No

If yes, please provide the following:

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

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

Phone Number: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

**Please describe the incident on the lines provided below. To the best of your recollection, please provide any details you think are important that lead up to the complaint. These details should include any citations, meetings, telephone calls or emails.**

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Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*Signature is required to initiate the complaint process. Turn in Signed and Dated complaint to Town Clerk or to Town Supervisor. An investigation will take place within 60 days of the filing of this complaint.