

TOWN OF GRAND ISLAND
COMPLAINT FORM

Complainant: _____ Date: _____

Address: _____

Phone: _____

Email: _____

Nature of Complaint: (Attach additional sheets as necessary.)

Signature

=====
[To be completed by Supervisor's office]

TOWN BOARD ACTION:

Referred to: _____

Report back by: _____

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[To be completed by responsible officer or employee]

Responsible officer/employee: _____

Report of findings: _____

Recommended action: _____

If you have any questions, please feel free to contact any Town Board member:

Supervisor Peter McMahon 773-9600 x 616

Councilwoman Mary Cooke 773-7058

Councilman Dick Crawford 773-4121

Councilman Gary Roesch 773-3967

Councilwoman Susan Argy 774-0027