

Town of Guilford  
223 Marble Road  
Guilford, NY 13780  
607-895-9966

**Complaint Form**

**Person making complaint:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_  
\_\_\_\_\_

**Party complaint is being made about:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_  
\_\_\_\_\_

**Nature of complaint (Explanation of alleged violations)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above information is true and correct to the best of my knowledge. I hereby request the Town of Guilford investigate the above issue.

\_\_\_\_\_  
(Date of Complaint)

\_\_\_\_\_  
(Complaint's Signature)

Date Received in Town Clerk's Office \_\_\_\_\_

Received by \_\_\_\_\_