

Complaint / Concern Form
Town of Oswego
2320 County Route # 7
Oswego, New York 13126

DCO ___ Bldg ___ Super/TB ___ TownClerk ___

Date Complaint Taken: _____
1st Complaint ___ Repeat Complaint ___

Complainant Name: _____

Address: _____

Phone Number: _____

Documented By: _____

Complaint / Concern Description:

*****FOR OFFICE USE ONLY*****

Referred to: _____ Date: _____

Action Taken: _____

Date Completed: _____ Signature: _____