



# TOWN OF BLACK BROOK

18N MAIN STREET, P.O. BOX 715  
AU SABLE FORKS, NEW YORK 12912  
TELEPHONE (518) 647-5411

## Complaint Form

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

### Complainant Information

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

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

\_\_\_\_\_

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

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

Preferred Method of Contact:  Phone  Email  Mail

### Complaint Information

Date of Incident (if applicable): \_\_\_\_\_

Location of Issue: \_\_\_\_\_

\_\_\_\_\_

Department or Area Involved (if known):

Highway

Code Enforcement

Water/Sewer

Town Clerk

Supervisor's Office

Other: \_\_\_\_\_

**Description of Complaint**

(Please provide detailed information including names, dates, times, and any relevant facts.)

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Have you previously reported this issue?  Yes  No

If yes, to whom and when?

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**Desired Resolution**

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I certify that the information provided above is accurate to the best of my knowledge.

Signature: \_\_\_\_\_

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

**For Office Use Only**

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

Received By: \_\_\_\_\_

Assigned To: \_\_\_\_\_

Action Taken:

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