

File#

**TOWN OF MARATHON  
COMPLIMENT / COMPLAINT RECORD SHEET**

Date: \_\_\_\_\_ Taken (1) On Call  Office   
Other  \_\_\_\_\_

Time: \_\_\_\_\_ (2) Phone  Verbal  Written

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

**Resident:**

Name:	
Phone #:	
Location	

**Nature of Complaint / Compliment:**

**Action:**

(1) Referred to: Name: \_\_\_\_\_ Department: \_\_\_\_\_

(2) Action Taken:

Date:	Time:	Name:

(3) Follow-up required: Y / N If yes, provide description of follow-up required:

**Office Use Only:**

- |  |                                      |                                    |  |
|--|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Animal Control  | <input type="checkbox"/> Arena       | <input type="checkbox"/> Cemetery  | <input type="checkbox"/> Garbage                 |
| <input type="checkbox"/> Golf Course     | <input type="checkbox"/> Parks       | <input type="checkbox"/> Personnel | <input type="checkbox"/> Pool                    |
| <input type="checkbox"/> Poop 'N Scoop   | <input type="checkbox"/> Pot Holes   | <input type="checkbox"/> Sidewalk  | <input type="checkbox"/> Ski Hill                |
| <input type="checkbox"/> Taxes/Treasury  | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Welfare   | <input type="checkbox"/> Winter Road Maintenance |
| <input type="checkbox"/> Zoning/Building | Other: _____                         |                                    |  |

Original: Applicable Department Manager  
Copy: File/C.A.O. (Original to replace file copy when action completed)  
Master Property File