



File No. _____

TOWN OF MARATHON COMPLIMENT / COMPLAINT RECORD

Date: _____ Taken (1) On Call Office
Other _____

Time: _____

(2) Phone Verbal Written

Received by: _____

Resident / Complainant

Name:	_____
Phone No:	_____
Location	_____

Nature of Compliment / Complaint

Action:

(1) Referred to Name _____ Department _____

(2) Action Taken

Date	Time	Name
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(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 | <input type="checkbox"/> Other _____ | | |

Copy: Original - Applicable Department Manager
File/CAO - original to replace file copy when action completed
Master Property File