



TOWN OF QUARTZSITE

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COMPLAINT FORM

DATE: _____

TIME: _____

RECEIVED IN BY: _____

REPORTING PARTY: _____

ADDRESS/PHONE #: _____

LOCATION: _____

NATURE OF COMPLAINT _____

DEPARTMENT USE ONLY:

ROUTED FOR ACTION TO: _____ DATE: _____ TIME: _____

ACTION TAKEN ON: _____

DESCRIPTION OF ACTION TAKEN: _____
