



City of Strafford Complaint Form

Name: _____

Date: _____

Address: _____

Phone: _____

Signature

OFFICE USE ONLY

PUBLIC WORKS _____

WATER _____

POLICE DEPT _____

OTHER _____

COMMENTS:

CLERK

ALL COMPLAINTS MUST BE FILED AT CITY HALL WITHIN 10 DAYS FOLLOWING THE INCIDENT EXCEPT IN EXTENUATING CIRCUMSTANCES.