

# TOWN OF SHELBURNE

## Accessible Customer Service Complaint Form

(Form also available in large print)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_

**Please describe the nature of your concern or complaint**

**Please provide suggestions or recommendations for changes**

Complete form and return it to Department Head. Forward a copy of the form to the Clerk.

For Office Use only - Outcome/Action(s) Taken

Information collected in accordance with the Customer Service Accessibility Policy.