

SHREWSBURY TOWNSHIP

Complaint Form

Complainant's Name: _____

Address: _____

Telephone: _____ E-mail: _____

Description of Complaint: _____

DO NOT WRITE BELOW - TOWNSHIP USE ONLY

Complaint Received By: _____

Date Received By: _____ Time: _____ AM/PM

Action Taken: _____

Action Taken By: _____

Contact to Resident Made By: _____

Satisfied Resident

Non-Satisfied Resident