

TOWN OF MONTEZUMA COMPLAINT/GRIEVANCE FORM

Grievant Information:

Grievant Name:			
Address:	City:	State:	Zip Code:
Phone:	Email:		
Alternative Phone:			

Person Preparing Complaint Relationship to Grievant (if different from Grievant):

Grievant Name:			
Address:	City:	State:	Zip Code:
Phone:	Email:		
Alternative Phone:			

Please specify any location(s) related to the complaint or grievance (if applicable):

Please provide a complete description of the specific complaint or grievance:
