

Town of Chesterfield, NH

CONFIDENTIAL COMPLAINT FORM

Complainant: _____

Address: _____ Telephone: (H) _____ (W) _____

Date, Time, Location of Incident: Description of Incident:

Name of Employee(s) against whom complaint is being filed, if known:

Dept.: _____ Name: _____ Vehicle #: _____

Dept.: _____ Name: _____ Vehicle #: _____

Brief summary of Complaint (please provide as much information as possible):

I understand that this statement of complaint will be submitted to the Chesterfield Town Administrator and may be the basis for an investigation.

Signature of Complainant

Date

Submit form to Selectmen's Office, PO Box 175, 490 Route 63, Chesterfield, NH 03443 or email to Town Administrator Rick Carrier at admin@nhchesterfield.com