East Amwell Township
Compliment and Complaint Form

Tell Us How We're Doing

Today's Date: _____ **This is a:** ☐ **Compliment** ☐ **Concern** ☐ **Complaint**

Department (if known): _____

Which Employee(s) were involved (if known): _____

Where the incident took place: _____

When the incident occurred (Date and Time): _____

Details of the Service or Incident: _____

_____

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May We Contact You? ☐ **YES** ☐ **NO**

What response would you like from East Amwell Township?

_____

_____

Providing your name and address is optional. However, it would be helpful for us to know who you are in case we need to contact you for more information or let you know what we have done. If your comment is an allegation of serious employee misconduct and you choose to remain anonymous, it will limit our ability to take action on the issue you have raised.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip**: _____

Phone: (home) _____ (cell) _____ **e-mail:** _____

For Office Use

Employee Taking Comment: _____

☐ **Walk-in** ☐ **Mail** ☐ **e-mail** ☐ **Other**_____

Routed to: _____ **Date:** _____