

**TOWN OF RAYMOND, NH
COMPLAINT FORM**



Tax Map:	Lot:
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Person Filing Concern:

Phone:

E-mail:

Address/Contact:

Location of Concern:

Type of Concern:

Other-Please Explain: _____

Nature of Concern (Please Provide Detailed Description)

Attach Additional Sheets, if Necessary

FOR OFFICIAL USE ONLY

Action(s) Taken:

Complaint Investigated By: _____

Dates Involved: _____

Further Action Required: Yes No **Department Responsible:**

Complaint Closed: Yes No **Date:**

Signature of Official Closing Complaint:

Attach Copiers of All Investigative Reports

Revision Date: February 2019