

**TOWN OF SHANNON
COMPLAINT REPORT**

Date: _____ Time: _____

Person Making Complaint: _____

Phone: _____ Address: _____

Date of Incident: _____ Time: _____

Location of Incident: _____

Witness or Witnesses to Incident: _____

Name of Person Complaint Filed Against: _____

The following is a true and complete statement of facts, as I have witnessed them:

*This statement is true, and I have proof read it for accuracy. It consists of _____ Pages,
of which I have signed each.*

Signature of Complainant/or Witness: _____

Signature of Person Receiving Complaint: _____