



TOWN OF THOMASTON CUSTOMER CONCERN/COMPLAINT

Date: _____

How Reported : In person Mail Email

Name of Customer: _____

Address: _____

Phone Number: _____

Email : _____

Location of Concern/Complaint:

Description of Concern/Complaint: _____

Signature: _____

=====

(OFFICE USE ONLY)

Received by: _____

Forwarded to: _____

Action Taken:

Any additional follow-up required:

