

Village of North Haven

335 Ferry Road, North Haven
Sag Harbor, NY 11963

COMPLAINT FORM

Date: _____

Complainant's Name _____

Complainant's Address _____

Complainant's Phone/Email _____

Do you wish to remain anonymous? ☐ Yes ☐ No

(If checking yes – this may delay or possibly negate your claim if our investigator does not witness the complaint – your testimony may needed)

Location/Address of Complaint _____

Nature of Complaint _____

For Office Staff only

How Complaint was Received:

☐ Phone ☐ Mail ☐ Email ☐ In Person Received by: _____

Referred To: _____

Date: _____

Action Taken: _____

Comments: _____

Reviewed by: _____

Follow up with the complainant done by and date: _____