



LONDONDERRY FIRE DEPARTMENT COMPLAINT FORM

Date: _____ Time: _____

Taken By: _____

Complainant Name: _____

Address: _____

Phone: _____

Description of complaint/problem: _____

Complainant Signature: _____ Date: _____

Reviewed By: _____ Date: _____

Comments: _____

Priority:

- 1) Urgent (Immediate action necessary)
- 2) Valid (Action to be taken at future date)
- 3) Not Valid (No action necessary)

Remedial Action Taken, if any: _____

_____ Date: _____

:public/DISPATCH Master/Complaint Form