



## COMMISSIONERS OF SUDLERSVILLE

200 South Church Street

Sudlersville, MD 21668

Phone: (410) 438-3465

E-mail: [townoffice@townofsudlersville.org](mailto:townoffice@townofsudlersville.org)

<http://www.townofsudlersville.org>

### Complaint Form

Constituent's name: \_\_\_\_\_

Constituent's address: \_\_\_\_\_

\_\_\_\_\_

Constituent's phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Constituent's e-mail: \_\_\_\_\_

Brief synopsis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Continue writing on back of this form if more space is needed.***

Complaint referred to: \_\_\_\_\_

County/State agency referral (if other than Town personnel): \_\_\_\_\_

\_\_\_\_\_

Referral's phone#: \_\_\_\_\_

Follow-up with person complaint referred to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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#### THIS SECTION TO BE FILLED IN BY TOWN OFFICE:

Date application received: \_\_\_\_\_ Time received: \_\_\_\_\_

Received complaint from constituent:  by telephone  in-person  by mail  other

If other, explain: \_\_\_\_\_

\_\_\_\_\_

Received by: \_\_\_\_\_

Date action completed: \_\_\_\_\_