

TOWN OF HENNIKER

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COMPLAINT QUESTIONNAIRE

PLEASE NOTE: THIS FORM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC REVIEW.
If you wish to remain anonymous, please skip Section I.

SECTION I: COMPLAINANT'S INFORMATION

COMPLAINANT'S NAME: _____ DATE: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

SECTION II: LOCATION OF COMPLAINT

PLEASE MARK ANY RELEVANT DEPARTMENTS

BUILDING FIRE HEALTH PLANNING ROADS ZONING OTHER: _____
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LOCATION OF COMPLAINT: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

PHONE NUMBER: _____ MAP/LOT NUMBER: _____

SECTION III: DESCRIPTION OF COMPLAINT

DESCRIBE THE NATURE OF THE VIOLATION/COMPLAINT

Questionnaire continues on reverse side ➔

HOW WOULD YOU LIKE TO SEE THIS ISSUE BE RESOLVED?

IS THERE ANY FURTHER INFORMATION YOU FEEL MAY BE USEFUL?

COMPLAINANT'S SIGNATURE: _____ DATE: _____

SECTION IV: TOWN USE

SECTION IV TO BE COMPLETE BY TOWN OF HENNIKER EMPLOYEES

COMPLAINT QUESTIONARE RECEIVED BY: _____ DATE: _____

COMPLAINT QUESTIONARE ADDRESSED BY: _____ DATE: _____

ACTION TAKEN:
