Revision 2/09

Town of Cross Roads
Complaint Log entry

Complainant Name: _____

Address: _____

Phone# Day: _____ **Night:** _____**Cell:**_____

Email: _____

Complaint Comments

_____

_____

_____

_____

_____

Complainant Signature Date

Investigation Comments

_____

_____

_____

_____

Investigator's Signature Date

_____

Administrator Signature Date

Action and /or Resolution Comments

_____

_____

_____

For Office Use Only

Date Filed: _____ Received by: _____Forward to:_____

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Email: adminassistant@crossroadstx.govt or townsecretary@crossroadstx.gov