



TOWN OF PEMBROKE

100 Center Street, Pembroke, MA 02359

CUSTOMER COMPLAINT ANALYSIS FORM

Name of person making Complaint _____

Residential Address _____

Mailing Address, if different _____

Contact Telephone Number(s) _____

Email: _____

COMPLAINT DETAILS

Date of Incident (if relevant) _____ Time: _____

Location of Incident _____

Who/What is the subject of your complaint _____

Summary of Complaint/Issue _____

WITNESS DETAILS (IF APPLICABLE)

Name _____

Address _____ Phone Number _____

COMPLAINT OUTCOME

As a result of making this complaint, is there any outcome you would like? Yes ☐ No ☐

If yes, please provide details _____

Resident Signature and date _____

Staff Member Receipt Signature and date _____