



Town of Wayne
P.O. Box 182
Wayne, NY 14893
607.292.3450
www.townofwayneny.com

COMPLAINT FORM

(Complainant)

Date: _____

(Street Address)

(Town, State, Zip)

(Phone)

Nature of
Complaint: _____

Address where violation occurred: _____

Signature of
Complainant _____

Sent to: _____ Date _____
(Town Board, Supervisor, Town Clerk, Assessor, Code Officer, Bookkeeper, Justice, Highway Superintendent, DCO)

Action
Taken: _____

