

# TOWN OF SENNETT

6931 Cherry Street Road, Auburn, NY 13021  
315-253-3712  
www.sennettny.org  
townclerk@sennettny.org

## Resident Complaint & Incident Form

*Complaints may not be taken anonymously. Some circumstances may require follow up. Please accurately and to the best of your ability, provide as much information regarding the incident as possible. Please fill out one form per complaint/incident.*

### Resident Contact Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Best way to reach me:  Phone \_\_\_\_\_  Email \_\_\_\_\_  Mail \_\_\_\_\_

Follow up response requested:  Yes  No

### Nature of Complaint

Nature of complaint:

Clerk's Office

Neighbor Disputes

Burn Pits

Community Building

Building/Zoning

Solicitors

Park(s)

Water/Sewer Bills

Dogs/Cats

Other: \_\_\_\_\_

Water Department  Water  Storm Sewer  Other: \_\_\_\_\_

Highway Department

Lawn(s)

Sidewalk(s)

Snow

Street Lights

Tree(s)

Streets

Other: \_\_\_\_\_

### Incident Information

*Please attach and provide any documentation (photo, etc.) that would be helpful and submit with this form.*

Address where Incident occurred: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Parties involved (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Incident Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired Resolution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Complainant – Statement of Understanding**

\_\_\_\_\_  
Printed Name of Complainant

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

***Office Use (To be used by Town Employees/Board Members Only)***

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

	Date Sent:
Town Board	_____
Building Inspector	_____
Highway Department	_____
Assessor	_____

	Date Sent:
Zoning Administrator	_____
Water Department	_____
Town Attorney (as needed)	_____
Other: _____	_____

Action Required:

\_\_\_\_\_  
\_\_\_\_\_

Supervisor/Board Member: \_\_\_\_\_ Date of Action: \_\_\_\_\_

Summary of Outcome Resolution:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor/Board Member Signature

\_\_\_\_\_  
Date of follow up with Resident on resolution  
(if applicable)