

Town of Scriba
Resident Request/Complaint Form

Incident No: _____

Filing Date _____

Request for Services / Complaint

Please circle the Services / Complaint section and either send this form in by mail, bring it into our office, or email it to Ken Burdick (supervisor@scribany.org)

To: Ken Burdick/Scriba Town Supervisor

Name: _____

Address: _____

Mailing address(If different): _____

Phone: _____

Nature of Request/Complaint: _____

Resident's Signature

Date Activity Occurred: _____

Department: _____

Dept. Head assigned to this Request/ Complaint _____ Date: _____

Supervisor's Signature

Nature of Resolution: _____

Add Supplemental Report if Necessary

Completion Date: _____

Acceptance of Resident Signed: _____ Date: _____