

**TOWN OF NEWTON  
DIVISION OF HUMAN RESOURCE  
TOWN HALL, NEWTON NEW HAMPSHIRE  
TELEPHONE (603) 382-4405 EXT 14**

DATE: \_\_\_\_\_

CASE NO: \_\_\_\_\_

## Personnel Complaint, Offense or Incident Report

**Person Reporting (Complainant)**

**Address/Phone**

**Email**

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

**Property Owner of Alleged Offense**

**Address/Phone**

**Email**

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

Please describe the nature of your complaint:

1. Who was involved? 2. When did it happen? 3. Where did it happen? 4. Were there any witnesses?

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

2. Please describe how the actions you are complaining about have impacted your work.

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

3. Have you discussed this problem with your supervisor?

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4. Please provide any additional comments or details which you wish to be considered.

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**By signing this, I declare that all of the information that I have provided is truthful and accurate.**

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Copies to:  Building Dept.  Conservation  Fire Dept.  Health Officer  Police Dept.  
 Recreation  Selectmen Staff  Town Clerk/Tax Collector  Transfer Station  
 Zoning Board of Adjustments  Other

***In order for Town Officials to investigate an alleged violation, this report must be complete and signed by the Complainant.***