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TOWN OF NEW DURHAM, NEW HAMPSHIRE
OFFICE of the TOWN ADMINISTRATOR

COMPLAINT FORM

Complainant: (Please Type or Print) _____

Address: _____

Phone: _____

Email: _____

Is this complaint regarding a: Department _____ Employee _____
Volunteer _____ Town Services _____
Board, Committee or Commission _____

Please fill in the name of the department, employee, volunteer or Town Service

When and where did the action/activity leading to this complaint take place?

Describe your complaint. Include all observations that you made. Attach any pictures or other documentation that supports your complaint.

**** * For Office Use Only ****

Complaint Received By: _____ **Date:** _____

Complaint Referred To: _____ **Date:** _____

Action Taken:

Complainant Notified of Investigation Outcome By: _____ **Date:** _____