



TOWN OF NEWFANE

2737 Main Street

Newfane, New York 14108

FAX 716-638-4261

GENERAL COMPLAINT FORM

Date: _____

Complainant(s): _____

Address: _____

Phone: _____

Name of Accused: _____

Address: _____

Phone: _____

The facts upon which this complaint is based: _____

NOTICE: Any false statement(s) made herein are punishable as a class "A" Misdemeanor, pursuant to Section 210.45 of the Penal Law of the State of New York.

Affirmed under the penalty of perjury this: _____ day of _____, _____

Signature of Complainant*

***Your signature is required for this complaint to be investigated. Your signature confirms that you will be a witness at a Town of Newfane Court trial if necessary.**

OFFICE USE ONLY

Complaint #: _____ Date of Inspection: _____

Findings: _____

Section of ordinance or law affected: _____

Action Taken/Date: _____

Follow up results: _____