Tolland Fire Department, Inc.

21 Tolland Green, Tolland, Connecticut 06084

COMPLAINT FORM

PERSON FILING COMPLAINT:

Name _____

Address _____

City _____

State_____ Zip Code _____

Telephone # (_____) _____

Number _____

Date_____

INCIDENT INFORMATION:

Member Name _____

Date of Incident _____

Incident location_____

Please provide a narrative regarding your complaint:

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Signature Date Signature of Department Representative Date

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FOR INTERNAL USE ONLY

DISPOSITION:

Disciplinary Action	**Police Notified**	**Referred to Board of Directors**
Unfounded	**Verbal Warning**	**Referred to Chief of Department**