

TOWN OF PEGRAM
P.O.BOX 249
PEGRAM, TN 37143

Complaint / Concerns / Suggestion Form

Date Received: _____

Name (PLEASE PRINT) _____

Address (PLEASE PRINT) _____

Phone Number _____

Description of Complaint: _____

Signature _____ **Date** _____

STAFF USE ONLY – DO NOT WRITE BELOW THIS LINE

Type of Issue: (check those that apply)	Reported to:	Date: _____
<input type="checkbox"/> Board of Zoning	<input type="checkbox"/> BOZA Chair	
<input type="checkbox"/> Codes Enforcement	<input type="checkbox"/> Codes Enforcer	
<input type="checkbox"/> BMA	<input type="checkbox"/> Mayor	
<input type="checkbox"/> Engineering Enforcement	<input type="checkbox"/> Engineer	
<input type="checkbox"/> Fire Safety Enforcement	<input type="checkbox"/> Fire Chief	
<input type="checkbox"/> Inspector – Building	<input type="checkbox"/> Building Inspector	
<input type="checkbox"/> Planning Commission	<input type="checkbox"/> PCC Chair	
<input type="checkbox"/> Sewer	<input type="checkbox"/> Department Head	
<input type="checkbox"/> Personnel	<input type="checkbox"/> Sewer Inspector	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Personnel Supervisor	

Action Taken:

Signature _____ **Date** _____