

**Borough of Garwood  
Citizen Complaint Form**

**Complete this form and remit to:  
Office of the Borough Administrator/Clerk  
403 South Avenue, Garwood, NJ 07027**

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For office use:**

FOLLOW UP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOLLOW UP DONE BY: \_\_\_\_\_

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

C:	Mayor and Council	_____
	Police Department	_____
	Street Department	_____
	Borough Engineer	_____
	Board of Health	_____
	Other	_____
	Complainant/Resident	_____