



TOWN OF NORWAY

PO Box 127

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Norway, South Carolina 29113

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Complaint Form

Date: _____ Time: _____

Name: _____

Address: _____

Phone #: _____

Complaint: _____

Complainant Signature: _____

Office Use Only

Action Taken: _____

Action Taken By: _____

Issue Resolved: YES or NO Date Resolved: _____

Signature: _____