

# TOWN OF PAGELAND SOUTH CAROLINA

## Complaint Form

Date \_\_\_\_\_

Time \_\_\_\_\_

Person Making Complaint \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

Incident Date \_\_\_\_\_

Please describe your complaint. If you would like someone to contact you about your complaint, please indicate in your statement.

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**Signed**

Please Mail Completed Form to: Town Of Pageland, Attn: Town Administrator,  
307 E McGregor St, Pageland SC 29728