



Community Input Form

Comments, Questions, Suggestions:

(Attach additional pages if necessary)

Positive Experience or Development: Negative Experience or Incident:

Date and Time of Experience/Incident: _____

Description: _____

(Attach additional pages if necessary)

Information:

Name: _____

Address: _____ City: _____

Phone: _____ Email: _____

Today's Date: _____

(If you prefer to place a complaint anonymously, please be aware that it will not be investigated.
All complaints are subject to Public Records Requests)

Return completed forms to:

Community Relations Committee • City of Easthampton • 50 Payson Avenue • Easthampton, MA 01027
Or, email: crc@easthamptonma.gov