



CITY OF EASTHAMPTON • MASSACHUSETTS

MUNICIPAL COMPLIMENTS/CONCERNS/COMPLAINTS FORM

INFORMATION

(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)

Name: _____

Address: _____ City: _____

Phone: _____ E-mail: _____

Today's Date: _____

Date & Time of Incident: _____

DESCRIPTION *(Please document as thoroughly and completely as you can and attach additional pages, if necessary)*

Return completed forms to :

City of Easthampton Human Resources Department
50 Payson Avenue
Easthampton, MA 01027