



Commonwealth of Massachusetts
Town of Lanesborough

Newton Memorial Town Hall
Post Office Box 1492
83 North Main Street
Lanesborough, MA 01237
Tel. (413) 442-1167
FAX (413) 443-5811
www.lanesborough-ma.gov

CITIZEN REQUEST / COMPLAINT / CONCERN FORM

Name of Complainant: _____ Date: _____
Home Address: _____ Phone: _____
Email Address: _____

EMPLOYEE(S) or BOARD MEMBER(S) INVOLVED:

Name: _____ Department _____
Name: _____ Department _____

NATURE OF COMPLAINT (Please include the date and time and description of the incident):

(Use the back of this sheet if more space is needed.)

NAMES, ADDRESSES, PHONE OF ANY WITNESSES:

1. _____
2. _____

The Town Administrator or Chair of the Board of Selectmen will proceed with an investigation within seven (7) days of the receipt of the complaint and will respond with a decision and remedy, if applicable, within thirty (30) days unless otherwise agreed upon.

SIGNATURE OF COMPLAINANT: _____

ALL FIELDS MUST BE COMPLETED – INCOMPLETED FORMS WILL NOT BE ACCEPTED

For official use only

Date & time of receipt: _____ Problem referred to: _____
Response: _____

Signature of respondent: _____ Date: _____

Adopted: April 12, 2021

This institution is an equal opportunity provider. Discrimination is prohibited by Federal Law.