The City of Fitchburg

Massachusetts

OFFICE OF THE MAYOR

STEPHEN L. DINATALE
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Constituent Grievance Form

Date:_____
Name: _____
Address: _____
Phone: _____
Email:_____

Nature of Complaint:

Parking: ☐ Street Sweeping: ☐ Other: _____
Trash Pick-Up: ☐ Plowing/Sanding: ☐
Pot Hole: ☐ Street/Sidewalk: ☐

Department Involved:

Fire: ☐ Parks: ☐ Schools: ☐
Health: ☐ Planning: ☐ Treasurer: ☐
Human Resources: ☐ Police: ☐ Other: _____
Mayor's Office: ☐ Public Works: ☐

Brief Description of Grievance:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please save as a document and email completed form to: atourigny@fitchburgma.gov and jdavid@fitchburgma.gov