

**Town of Brimfield**  
Commonwealth of Massachusetts  
23 Main Street  
Brimfield, MA 01010

**Citizen Complaint / Suggestion Form**

Please complete the following information so that the Town can investigate your complaint.  
Please print clearly.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If requested will you attend a Board of Selectmen meeting to explain your complaint? Yes \_\_\_ No \_\_\_

Nature of Complaint or Suggestion:

*(Include the date, time, place, and brief description of your complaint)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how you feel the complaint should be resolved:

\_\_\_\_\_  
\_\_\_\_\_

Should a citation be issued, you may be required to testify to the above complaint in a Court of Law.  
Do you agree to so testify? Yes \_\_\_ No \_\_\_ (If you check No it is very possible that the town will not  
take any action on your complaint.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

*All complaints must be signed and dated to be considered valid.*

**Town Hall Office Use Only**

Received by \_\_\_\_\_ Date \_\_\_\_\_

Copied to \_\_\_\_\_ Date \_\_\_\_\_

Selectmen Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Follow up Completed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_