



The City of Fitchburg

Massachusetts OFFICE OF THE MAYOR

STEPHEN L. DINATALE

MAYOR

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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:
