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: nloliver@fitchburgma.gov and jdavid@fitchburgma.gov