

# COMPLAINT FORM

BRAYTON POINT COMMERCE CENTER  
1 BRAYTON PT RD., SOMERSET, MA 02725

PLEASE FILL OUT THIS FORM ENTIRELY INCLUDING SIGNATURE

REMIT TO: SOMERSET TOWN HALL, ROOM 20, 140 WOOD ST., SOMERSET, MA 02726

DATE OF CONCERN: \_\_\_\_\_ TIME OF CONCERN: \_\_\_\_\_ A.M.  
P.M.

LOCATION: \_\_\_\_\_

YOUR FULL NAME: \_\_\_\_\_

PHONE & EMAIL: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLAINT DESCRIPTION: (PLEASE EXPLAIN)

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OFFICIAL USE:

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