

## **Devens Enterprise Commission**

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## Devens Regional Enterprise Zone

## **Complaint Form**

Please complete the following form, to the best of your ability, to report a potential violation or complaint related to any Devens Bylaws and/or Rules and Regulations. This information will assist the Devens Enterprise Commission with the investigation of your complaint. You may mail, fax, e-mail or deliver this signed form to the Devens Enterprise Commission office at the above address. Please include your name, address, and a daytime phone number where you can be reached so that we may follow-up with you. No follow-up information can be provided for anonymous complaints.

Complainant Name (Please print legibly):		Date:	
Complainant Address:			
Complainant Phone (daytime):	cell:	e-mail:	
Location where you experienced alleged viol	ation/complaint:		
Address of property that is subject of this alle	eged violation/cor	mplaint:	
Source/location of alleged violation/complain	it at the site/facilit	ty:	
Description of alleged violation/complaint (da	ate, time, duratior	n, characteristic, intensity, frequency/tone, e	etc.)
Weather conditions at the time of alleged vio precipitation, etc):	lation/complaint (	(sun/cloud, wind speed/direction, temperatu	ure,
additional information that may assist the DEC	in investigating t	this complaint (attach additional pages if necessar	ry):