

Michael P. Gardner
Chairman

Chief Gerald R. Reardon
Fire Department
Commission Member

Commissioner Robert C. Haas
Police Department
Commission Member

Elizabeth Y. Lint
Executive Director

CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue, First Floor, Cambridge, Massachusetts 02139



City of Cambridge

COMPLAINT FORM

COMPLAINANT

COMPLAINT AGAINST

Name _____

Name _____

Street _____

Street _____

City/State/Zip _____

City/State/Zip _____

Phone# _____

Phone# _____

Alternate number _____

Alternate number _____

Incident/Occurrence: Date: _____ Time: _____

Location: _____

Were Police notified, if applicable? Y _____ N _____ Date: _____ Time: _____

Briefly describe the nature of your complaint: _____
(Please provide complete details. Use back and attach an extra sheet of paper, if necessary).

What outcome do you seek? _____
(i.e. put on record; investigate; license hearing; other)

Signed Under the Pains and Penalties of Perjury: _____
Date: _____ Complainant's Signature

Telephone (617) 349-6140

Facsimile (617) 349-6148

TTY/TTD (617) 349-6112