

  
**Town of Dorchester**  
**HIGHWAY DEPARTMENT**

COMPLAINT , COMMENT , & SUGGESTION FORM

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

May the Highway Department or Select Board contact you?  Yes  No

If "Yes," Best Time to reach you: \_\_\_\_\_

Address of Highway Problem or Issue (approximate, if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Nature of the Problem and/ or issue (Please be as detailed as possible; use back of form if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purposed Action(s) to be taken: \_\_\_\_\_

\_\_\_\_\_

Date of purposed action: \_\_\_\_\_ Initial : \_\_\_\_\_

The Dorchester Board of Selectman and Highway Department THANK YOU!

\* PLEASE NOTE: Anonymously completed forms will NOT be accepted.