



# TOWN OF CUMBERLAND

45 Broad Street  
Cumberland, RI 02864

Building / Zoning Office

Telephone: (401) 728-2400  
Fax: (401) 725-6878

## CITIZEN COMPLAINT

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Location of your complaint: \_\_\_\_\_

Nature of your Complaint(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE...OFFICIAL USE ONLY**

Complaint received by: \_\_\_\_\_

Investigation date & remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_