



*City of Westfield, Massachusetts*  
**LICENSE COMMISSION**

CITY HALL  
59 COURT STREET  
WESTFIELD, MA 01085  
572-6202

**COMPLAINT FORM**  
(Please print or type)

The purpose of this form is to allow individuals to file complaints with the Westfield License Commission relative to suspected illegal conduct of businesses licensed by the commission. Please provide as much detailed information that you are aware of relative to your complaint. Please submit your completed complaint to the Westfield License Commission, 59 Court Street, Room 217, Westfield, MA 01085.

Name of Licensee \_\_\_\_\_

Address of Licensed Premises \_\_\_\_\_

Name of Complainant \_\_\_\_\_

Address of Complainant \_\_\_\_\_

Telephone Number of Complainant \_\_\_\_\_

Date of Incident Complained of \_\_\_\_\_ Time \_\_\_\_\_

Witness to Complaint (Names and Address)

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

Statement of Complaint

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

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date of Complaint