**Residency Compliance Grievance Form**

You are submitting this complaint because you are a resident of the City of Springfield, Massachusetts and you believe an employee of the City of Springfield, Massachusetts is in violation of City of Springfield Code §73-8 (Ord. 1986 c. 73 §§ 8-17). Please fill out the information below and provide the document(s) that support your complaint.

**City of Springfield, MA Employee Information:**

Name (First/Last)

Job title:

Department (e.g. Fire, Code Enforcement, etc)

Describe in detail the nature of your grievance and any proof you might have about the City of Springfield employee(s):

**Resident Complainant Information:**

Name (First/Last)

Address1:

Address 2: City/ST/ZIP

Tel./Email:

Resident Complainant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

***Please Mail Completed Form To:***

**FOR RCU USE ONLY**

Date Filed:

Date of Review:

Hearing Date:

Decision Date:

Human Resources/RCU

36 Court Street, Room 005

Springfield, MA 01103

Or email to:

residencycommission@springfieldcityhall.com