



Town of West Boylston - Town Administrator's Office Fraud, Waste & Misuse Complaint Form

Complete this Complaint Form if you wish to submit a complaint to the Town Administrator's Fraud & Waste Hotline Program. If you wish to remain anonymous, omit all information about yourself. To help us review and evaluate your information for appropriate action, please provide detailed information regarding the nature of the allegations. Provide the full name of the person(s) involved, where, when and how often the activity has occurred. As well, please provide the names of other persons who may be aware of this activity.

Date incident(s) occurred (mm/dd/yyyy): _____

Suspected Person(s) Involved:

Name, Telephone number, Department and/or Address

1 _____

2 _____

3 _____

If there are others involved, please include their information in the Description of your complaint below.

Description of your complaint:

*(What, where, when, how and who else may be aware of the incident.) *This is a required field.*

If you wish to remain completely anonymous, please leave the following areas blank.

Your Full Name: _____

E-mail Address: _____

Street Address: _____

City, State, Zip: _____

The personal information you choose to provide on this form is collected under the authority of the West Boylston Town Administrator and will be used to assess the information provided, for contact purposes if clarification is required (subject to contact information being provided) and investigate as appropriate. Questions about this process can be directed to the West Boylston Town Administrator's Office, Town Offices, 127 Hartwell Street, Suite 1000, West Boylston, MA 01583. Office Hours: Monday-Friday 8:00-4:00. Phone 508-835-3490 Fax 508-835-4102