

**Lamoille Valley Rail Trail  
Complaint Form**

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-Mail \_\_\_\_\_

**County:** (please circle)

Caledonia

Lamoille

Franklin

Other: \_\_\_\_\_

**Description of Complaint / Issue:** (please use other side or another sheet if necessary)

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

**Please mail this form to:**

VAST  
26 VAST Lane  
Barre, VT 05641  
attn: LVRT

**Please check whether you would rather receive replies to  
your complaint via:**

postal mail (please provide address above)

**OR**

electronic mail (please provide email address above).

*Acknowledgement of Receipt*

*Due Date 7 days from when complaint was made*

\_\_\_\_\_

**Issue assigned to:**

*Response due 30 days from when complaint was made*

**Resolution, Next Steps, or Information Requested:**

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

To follow up, please contact: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_