

COMPLAINT FORM

Date of complaint: Time: Received by:

Complaint submitted by: Phone #:

Location of concern:

Nature of complaint:

Contractor:

Unsanitary:

Other:

Rental property:

Illegally occupied:

Unsafe:

Condemnation:

Details:

SUBMIT FORM

THIS SECTION TO BE COMPLETED BY TOWN STAFF:

REPORT OF INVESTIGATION:

Date: Time: By:

RECOMMENDATIONS:

FINAL DISPOSITION:

Date:

Signature: