



# 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: \_\_\_\_\_

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### THIS SECTION TO BE COMPLETED BY TOWN STAFF:

#### REPORT OF INVESTIGATION:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

#### RECOMMENDATIONS:

#### FINAL DISPOSITION:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_