

# COMPLAINT FORM

For Office Use Only	
Complaint # _____	Staff: _____
Date Recv'd: _____	Onsite Due _____
Town of: _____	Action Due: _____
Type: <input type="checkbox"/> Zoning <input type="checkbox"/> Sanitary <input type="checkbox"/> Erosion control <input type="checkbox"/> Fill/Drainage	

## Complainant Information

anonymous

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone \_\_\_\_\_

## Violation Informations

Location of violation: \_\_\_\_\_

Tax Parcel(s) #: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Continue on separate page if necessary