



TOWN OF AYER BUILDING DEPARTMENT COMPLAINT REPORT

Received By: _____ Date: _____

Complainant

Name: _____

Address: _____

Phone: _____

Email: _____

Nature of Complaint: _____

Location/Address: _____

Property Owner/Person Responsible:

Name: _____

Address: _____

Case Assigned to (by Supervisor): _____

Investigation Report: (This section must contain all pertinent information and facts disclosed by investigation/interrogation and codes or standard review. Please allow 14 days for a response.)

Conclusions: _____

Recommendations: _____

Case Reviewed By: _____

Comments: _____

Final Disposition: _____