

CITY OF GROTON
Zoning & Building Department

COMPLAINT FORM

Complaint #: _____

Date of Complaint: _____

Nature of Complaint : Building Violation Rental Housing
 Zoning Other

Property location: _____

Owner of Record (if known): _____

Address: _____

Details: _____

(Please attach an additional sheet if more space is needed)

Name of Person Reporting: _____

Address of Person Reporting: _____

Telephone #: _____

Signature of person reporting: _____

For Office Use Only:

Verification Inspection Date: _____

Inspected by: _____

Violation(s): _____

Comments: _____

Follow up with Complainant: _____