



**TOWN OF WARREN
INSPECTOR OF BUILDINGS**

P.O. Box 609

Warren, Massachusetts 01083

- (413) 436-5701 ext. 101 – BuildingInspector@warren-ma.gov -

COMPLAINT FORM

THIS DOCUMENT IS A PUBLIC RECORD

A Complaint must constitute a threat to public safety or zoning issues.

The Building Department requires all complaints to be submitted in writing on a complaint form.

Without a signed written complaint, the Department cannot access any property to investigate.

COMPLAINANT INFORMATION

*NAME	
*STREET ADDRESS	
*MAILING ADDRESS	
*PHONE	
*EMAIL	

LOCATION OF COMPLAINT

*STREET ADDRESS	
*OWNER'S NAME	
PHONE	

*** DESCRIBE IN DETAIL THE NATURE OF THE COMPLAINT:**

(please use other side if more room is needed)

* IDENTIFY THE SPECIFIC BUILDING CODE OR ZONING BYLAW VIOLATION(S):

PROVIDE ANY ADDITIONAL INFORMATION THAT MIGHT HELP THE INVESTIGATION:

*SIGNATURE	
*PRINT NAME	
*DATE	

***MUST BE INCLUDED FOR FURTHER ACTION**

FOR OFFICE USE: