



Town of Warren

*A complaint must constitute a threat to public safety or zoning issues.
The Building Department requires all complaints be submitted in writing on a
complaint form.*

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

1. COMPLAINANT INFORMATION

Date: * _____

Name: * _____

Street Address: * _____ State: _____ Zip: _____

Phone Number: * _____ Cell Number: _____

2. LOCATION OF COMPLAINT

Owners Name: * _____

Street Address: * _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

3. Describe in detail the nature of the complaint including specific building or zoning code in violation *

4. Provide any additional information that might help the investigation:

5. Building Department Action:

*** MUST BE INCLUDED FOR FURTHER ACTION**

Sign Here: _____ Date: _____

If more room is needed please use other side.