



COMMONWEALTH OF MASSACHUSETTS
TOWN OF NORTON
OFFICE OF THE INSPECTOR OF BUILDINGS
70 East Main Street
Norton, Massachusetts 02766

General Complaint Form

DATE: _____ TIME: _____ TYPE OF COMPLAINT _____

COMPLAINANT: _____ TEL.# _____

ADDRESS: _____
Street City/Town State

LOCATION OF COMPLAINT: _____
Street Map/Lot

OWNER OF PROPERTY: _____ TEL.# _____

ADDRESS OF OWNER IF DIFFERENT: _____

COMPLAINT DESCRIPTION: _____

RECEIVED BY: _____ DATE: _____

INVESTIGATION RESULTS: BY: _____ INVESTIGATION DATE: _____

FURTHER FOLLOW-UP: BY: _____ DATE: _____

ACTION TAKEN ON COMPLAINT: _____ DATE CLOSED: _____

