COMPLAINT FORM

City of Groton

Building & Zoning Department

295 Meridian Street Groton, CT 06340
Telephone 860-446-4104

Date of Complaint: _____ Complaint #: _____

Nature of Complaint: ☐ Rental Housing ☐ Building Violation

☐ Blight ☐ Zoning ☐ Other; description _____

Property location: _____

Owner of Record/Property Manager: _____

Owner of Record/Property Manager Address: _____

Owner/Property Manager Telephone #: _____ Email address: _____

Details: _____
_____
_____
_____
(If more space is needed please attach an additional sheet)

Name of Complainant: _____

Address of Complainant: _____

Complainant's Telephone #: _____ Email address: _____

Complainant's signature: _____

For Office Use Only:

Verification Inspection Date: _____

Violation(s): _____

_____

Comments: _____

_____

Follow up with Complainant: _____

Inspected by: _____