TOWN OF HAMILTON INSPECTIONAL SERVICES

Complaint Investigation Form

To be completed by person making complaint:

Address in Question: _____

Property Owner(s):_____

Complaint: _____

_____

Person making complaint:_____

Address of person making complaint:_____

Phone Number of person making complaint: _____

Email address of person making complaint:_____

To be completed by Inspectional Services Department:

Action Needed: _____ Return Call _____ Site Inspection ____ Send a letter; date sent:_____

Inspector's
Notes:_____

_____

_____

Further Action:

_____

_____

Complaint Tracking

Initial date of complaint: _____ Additional action required: _____

Site visit date: _____ Letter sent date:_____ Follow up date: _____

Date Investigation closed:_____ Time spent on complaint: _____