

# TOWN OF HAMILTON INSPECTIONAL SERVICES

## Complaint Investigation Form

This form is to bring to the attention of the Inspectional Services Department a Zoning Violation. This form is not intended to address civil or matters between private parties. Please review the Town of Hamilton Bylaws and the Town of Hamilton Zoning Bylaws and whenever possible please reference the Bylaw that you believe is not being adhered to. Please allow two weeks for a decision by the Building Commissioner from the date the Inspectional Services Department receives the written complaint. Once submitted this form will be part of the public record.

If you would like to know the outcome of an investigation you must contact or visit the Inspectional Services Department.

### ***To be completed by person making complaint***

Address in Question: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

**Complaint:** \_\_\_\_\_

**Complaint based on the violation of Bylaw Number:** \_\_\_\_\_

Person making complaint: \_\_\_\_\_

Address of person making complaint: \_\_\_\_\_

Phone Number of person making complaint: \_\_\_\_\_

Email address of person making complaint: \_\_\_\_\_

**Signature of Person submitting complaint:** \_\_\_\_\_

### ***To be completed by Inspectional Services Department***

Commissioner's  
Notes: \_\_\_\_\_

Date Received: \_\_\_\_\_ Site visit date: \_\_\_\_\_ Follow up date: \_\_\_\_\_

Date Investigation closed: \_\_\_\_\_ Time spent on complaint: \_\_\_\_\_

Signature of Building Commissioner: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_