



TOWN OF VERNON

55 WEST MAIN STREET, VERNON, CT 06066

Tel: (860) 870-3633

Fax: (860) 870-3589

OFFICE OF THE
BUILDING DEPARTMENT

HOUSING COMPLAINT FORM (LANDLORD/TENANT MATTERS)

DATE: _____

COMPLAINANT:

NAME (THIS INFORMATION IS REQUIRED) PHONE#

ADDRESS

E-MAIL

ALTERNATE PHONE#

OWNER/LANDLORD:

NAME & ADDRESS

PHONE#

IS PROPERTY SUBJECT TO ANY LEGAL ACTION OR EVICTION? ____ YES ____ NO

HAVE YOU NOTIFIED LANDLORD OF THE ISSUES RELATED TO YOUR COMPLAINT IN WRITING VIA US
CERTIFIED/RETURN RECEIPT MAIL? ____ YES ____ NO

(THIS IS REQUIRED – PLEASE SUPPLY A COPY)

COMPLAINT: (USE REVERSE SIDE IF NEEDED)

DISPOSITION OF COMPLAINT (TO BE COMPLETED BY BO, ABO, ZEO, FM, DFM, HEALTH):

Cc: Health Dept. if applicable on date: _____