

Commonwealth of Massachusetts

City of North Adams

Board of Health

Complaint Form

Date \_\_\_\_\_ Time \_\_\_\_\_  Phoned In  In Person

Complainant \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_

Location \_\_\_\_\_ Telephone # \_\_\_\_\_

Owner \_\_\_\_\_ Telephone # \_\_\_\_\_

Chapter 2 Complaint: Has tenant remained current on rent payments?  Yes  No  
Chapter 2 Complaint: Has tenant notified the owner of the problem?  Yes  No  
Is tenant being evicted?  Yes  No  
When? \_\_\_\_\_

Nature of Complaint:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Investigation**

Date \_\_\_\_\_ Time \_\_\_\_\_ Inspector \_\_\_\_\_

Inspection Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disposition**

No Action Required  Citation Issued  Letter Sent (attached)  Requires Evaluation and Follow-up

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and Time of Follow-up Inspection: \_\_\_\_\_