

# TOWN OF MANSFIELD

## DEPARTMENT OF BUILDING & HOUSING INSPECTION



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### COMPLAINT

Date	Your Name			
Your Address	City	State	Zip	
Daytime Phone	Alternate Phone	Email Address		

Owner's Name	Mailing Address	City	State	Zip
Contact Person	Phone	Fax		
Email Address	Website			

#### Complaint Description

Have you contacted the landlord and/or management company about this complaint?    **Yes**    **No**

Date of contact: \_\_\_\_\_

#### Results

**NOTE: If complaint relates to an interior issue, an executed Right of Entry must be attached to this form when filing.**

FOR DEPARTMENT USE ONLY	DATE RECEIVED
<b>Referred to:</b> <b>Housing Inspector Assigned:</b> _____ <b>Other Department(s):</b> _____ _____ _____	