

**TOWN OF NORTH PROVIDENCE
DIVISION OF INSPECTIONS**

1951 Mineral Spring Avenue
North Providence, RI 02904
Office (401) 233-1419 ~ Fax (401) 231-9393

COMPLAINT FORM

DATE: _____

**I _____ AM MAKING THE FOLLOWING
COMPLAINT TO THE DIVISION OF INSPECTIONS OFFICE.**

NATURE OF COMPLAINT: (PLEASE DESCRIBE BELOW)

PERSON PLACING COMPLAINT:

NAME: _____

ADDRESS: _____

PHONES: _____

DAYS

NIGHTS

SIGNATURE: _____