

**TOWN OF NORTH PROVIDENCE
DIVISION OF INSPECTIONS**

2000 Smith Street
North Providence, RI 02911
Office (401) 233-1419 ~ Fax (401) 719-1608

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: _____