

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.

NATURE OF COMPLAINT: (PLEASE DESCRIBE BELOW)

ARE YOU A TENANT OR A PROPERTY OWNER:

IF YOU ARE A TENANT, PLEASE PROVIDE THE NAME AND CONTACT INFORMATION FOR
THE PROPERTY OWNER OR PROPERTY MANAGER:

NAME: _____ **PHONE NUMBER:** _____

PERSON PLACING COMPLAINT:

NAME: _____

ADDRESS: _____

PHONE: _____
DAYS **NIGHTS**

SIGNATURE: _____