



# TOWN OF VERNON

55 WEST MAIN STREET, VERNON, CT 06066

Tel: (860) 870-3633

Fax: (860) 870-3589

OFFICE OF THE  
BUILDING DEPARTMENT

## BUILDING DEPARTMENT COMPLAINT POLICY

It is a requirement of the Town of Vernon Building Department as well as the North Central District Health Department (NCDHD) that any complaint received from an individual about their rental unit requires that the individual notify the owner, in writing, of the issue giving reasonable time to fix the problem. A copy of this notice must be submitted with the complaint form.

*It is not the responsibility of the Building or Health Department to notify a landlord of any problems, only to make sure that the problems related to Health and Safety are properly dealt with once they have been notified.*



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## COMPLAINT FORM

DATE: \_\_\_\_\_

COMPLAINANT: \_\_\_\_\_  
NAME **(THIS INFORMATION IS REQUIRED)** PHONE#  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
E-MAIL ALTERNATE PHONE#

OWNER/LANDLORD OR ADDRESS OF PROPERTY RELATIVE TO COMPLAINT:

NAME & ADDRESS PHONE#

IS THE PROPERTY SUBJECT TO ANY LEGAL ACTION OR EVICTION? \_\_\_ YES \_\_\_ NO

HAVE YOU NOTIFIED LANDLORD OF THE ISSUES RELATED TO YOUR COMPLAINT IN WRITING  
VIA US CERTIFIED/RETURN RECEIPT MAIL? \_\_\_ YES \_\_\_ NO \_\_\_ NOT APPLICABLE  
**(THIS IS REQUIRED - PLEASE SUPPLY COPY)**

HAVE YOU MADE ANY ATTEMPTS TO CONTACT THE OWNER AND/OR MADE ANY ATTEMPTS TO  
WORK OUT THE ISSUE DIRECTLY WITH THE OWNER? IF SO, PLEASE GIVE A BRIEF DESCRIPTION  
ALONG WITH YOUR COMPLAINT BELOW.

COMPLAINT: (USE REVERSE SIDE IF NEEDED)

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