



Town of Agawam

Building Department

1000 Suffield Street
Agawam, MA 01001
(413) 821-0632

Kevin Duquette
Inspector of Buildings

Complaint Form

Date: _____

Location of Complaint: _____ Parcel ID _____

Property Owner or Alleged Violator (if known): _____

Alleged Violation of: Building Code Zoning Ordinance General Ordinanceⁱ

Relevant Section(s) of subject code (if known): _____

Nature of Complaint (attach additional pages/evidence as necessary): _____

COMPLAINANT INFORMATION

This document should not be considered confidential and may be subject to M.G.L. ch. 66 § 10, MA Public Records Law.

Nameⁱⁱ: _____

Address: _____

Telephone: _____

Email: _____

Signature: _____

I have discussed this issue with the alleged violator

FOR BUILDING DEPARTMENT USE	
Received/Logged by _____	Date _____
<input type="checkbox"/> in person	<input type="checkbox"/> letter <input type="checkbox"/> email <input type="checkbox"/> phone
Investigated by _____	Date _____
Notes _____	_____
_____	_____
<input type="checkbox"/> Response sent to complainant on _____	
<input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> _____	

ⁱ Use this form only if the enforcing authority is specified as the Inspector of Buildings or Inspection Services.

ⁱⁱ Inspection Services does not customarily act on anonymous complaints.