



Town of Agawam

Inspection Services Department

Building Inspection - Code Enforcement

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

Kevin Duquette
Inspector of Buildings/
Code Enforcement

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 INSPECTION SERVICES 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.