



Town of St. Johnsbury Vermont
INSPECTION / CODE COMPLIANCE DIVISION

Office of the Town Manager
 51 Depot Square, St. Johnsbury, Vermont 05819 (802) 748-3926

COMPLAINT FORM

Return this complete and signed complaint form to the Town of St. Johnsbury Fire Dept. or Town Zoning Dept.

COMPLAINANT INFORMATION

Person Filing Complaint:		Signature:	
Complaintive Address:		Phone:	
City and State:		E- Mail:	
Relationship with the Property:			
<input type="checkbox"/> Patron <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Fire Department <input type="checkbox"/> Town Official <input type="checkbox"/> Other			

BUILDING LOCATION & OWNER

Building Name:	Building Current Use:
Owner's Name & Phone:	
Building Managers Name:	
Address:	
City:	Phone:

COMPLAINT INFORMATION

<input type="checkbox"/> CHIMNEY / VENTS – Broken or Defective	<input type="checkbox"/> EXITS – Blocked / Lacking / Broken or Missing Components	<input type="checkbox"/> FIRE EXTINGUISHER– Missing or Defective
<input type="checkbox"/> ELECTRICAL HAZARD – (Extension cords in use)	<input type="checkbox"/> ELECTRICAL – Sparking or Arcing	<input type="checkbox"/> ELECTRICAL – Broken or missing components, No GFI outlets
<input type="checkbox"/> SMOKE / CO DETECTOR (S) Defective	<input type="checkbox"/> HEATING EQUIP. – Defective	<input type="checkbox"/> WINDOWS – Inoperable or too Small
<input type="checkbox"/> STRUCTURAL - Roof	<input type="checkbox"/> STRUCTURAL – Floor / Ceiling	<input type="checkbox"/> STRUCTURAL – Foundation, Columns, Beams
<input type="checkbox"/> ADA ISSUE (List Below)	<input type="checkbox"/> FUEL SUPPLY – Leaking or Defective	<input type="checkbox"/> FIRE HAZARD
<input type="checkbox"/> TOWN ORDINANCE ISSUE	<input type="checkbox"/> OTHER ISSUE:	

COMPLAINT DETAILS: (Please Print Clearly)

FRIVOLOUS COMPLAINT POLICY: A frivolous complaint shall be one for which there is no good faith basis for the complaint outlined in the Town Ordinances, and this is known to the complainant at the time. Frivolous complaints shall be in violation of the Town of St. Johnsbury Ordinance Sec. 6.112(f).

Official Use Only

Received By:	Assigned To:
Referred To: <input type="checkbox"/> Fire Department Inspector <input type="checkbox"/> Local Health Inspector <input type="checkbox"/> Health Department <input type="checkbox"/> State DVF <input type="checkbox"/> Other : _____	
Date:	<input type="checkbox"/> FOUNDED <input type="checkbox"/> UNFOUNDED Inspectors Signature:

Comments: _____

Site Status:

Pictures: Y / N

Last Site Visit: _____

Reason for Previous Site Visit: _____

Referred To: _____

Officer Signature: _____ Date: _____