



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)

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: