

**TOWN OF GROVELAND  
4955 ATEN ROAD  
GROVELAND, NY 14462**

**COMPLAINT FORM**

Code Enforcement Office

Phone: (585) 243-1750

[codeenforcement@grovelandny.org](mailto:codeenforcement@grovelandny.org)

CC: deputyclerk@grovelandny.org

Date: \_\_\_\_\_

\*Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like a response back:  Yes  No

Address of **Complaint**: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Complaint Taken By: \_\_\_\_\_

Complaint Received:  In Person  Email  Mail  Phone (direct or message)

Action Taken By Enforcement Officer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECTION OF CODE VIOLATION: \_\_\_\_\_

Complaint log book # \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

Date logged: \_\_\_\_\_

Date complaint closed: \_\_\_\_\_

***\*Anonymous/Unsigned Complaints may not be acted upon.***