



The Commonwealth of Massachusetts
Department of Public Safety
Architectural Access Board

One Ashburton Place, Room 1310
Boston Massachusetts 02108-1618

Phone: 617-727-0660

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www.mass.gov/dps

Docket Number _____

(Office Use Only)

HOUSING COMPLAINT FORM

PLEASE BE ADVISED THAT THIS FORM IS A MATTER OF PUBLIC RECORD AND WILL BE DISCLOSED UPON REQUEST.

1. What is the name and EXACT address of the building believed to be in violation of the Rules and Regulations of this Board:

Name: _____

Address: _____

City or Town: _____

2. What is the building use (please check one or more)?

a. Transient Lodging Facility (temporary accommodations)

____ Hotel, Motel, Inns ____ Dormitory ____ Halfway House
____ Bed & Breakfast ____ Resort ____ Transitional Housing
____ Boarding House ____ Homeless Shelter ____ Other: _____

b. Multiple Dwelling (Lodging or Residential Facility)

____ Shelter ____ Apartment
____ Hospice ____ Condominium
____ Group Home ____ Assisted Living
____ Congregate Living Facility ____ Cooperative
____ Other: _____ ____ Other: _____

c. What type (Please check one): Hire ____ Rent ____ Lease ____ Sale ____

3. How many units per building: _____ Total number of units in complex: _____
How many floors in a building: _____ Total number of buildings in complex: _____

4. When was the building constructed or renovated? _____

5. When was the most recent date you observe the violation(s)? _____

6. Please cite each section of the Board's regulations that you believe is being violated, then describe each section, as specifically as possible, in the space below. (Please use additional sheets if necessary):

NOTE: Separate forms are available for complaints on Buildings, Curb Cuts, Handicap Parking Spaces, and Public Telephones. Please call the office and request those forms.

OPTIONAL INFORMATION

The following information is optional, and your complaint will be processed regardless of whether or not the information is provided. However, you should be aware that the less information that is provided, the longer it will take this office to process your complaint.

a. Name and address of building owner or manager: _____

b. The Board only considers complaints with respect to buildings which are:

1.) Constructed by the state, city or town, and construction, reconstruction, alteration or remodeling occurred after December of 1968;

or

2.) Privately financed buildings that are open to or used by the public and construction, reconstruction, alteration or remodeling occurred after June 10, 1975.

The following information may be obtained by contacting the Local Building Department

DATE(S) BUILDING PERMIT(S) WAS ISSUED: _____

ESTIMATE COST(S) OF CONSTRUCTION: _____

c. The assessed value of the building will determine the extent that a building must comply. You may obtain the assessed value of the building by contacting the Local Assessor's Office.

ASSESSED VALUE OF THE BUILDING AT TIME PERMIT WAS ISSUED: _____

7. Name and address of person/organization filing this complaint (if organization is filing, please provide the Board with the name of a contact person)

(required): _____

E-mail: _____

Telephone: _____

8. Individual Signature **(required)**: _____

Date: _____