



**TOWN OF SOUTHAMPTON**  
**CODE ENFORCEMENT**  
**INVESTIGATIONS & ENFORCEMENT UNIT**  
27 Ponquogue Avenue, Hampton Bays, NY 11946  
Ph: 631-702-1700 Fx: 631-283-2694  
[www.southamptontownny.gov/codeenforcement](http://www.southamptontownny.gov/codeenforcement)

**Ryan Murphy**  
Town Code Compliance & Emergency  
Management Administrator



Email: [CodeEnforcementInquiries@Southamptontownny.gov](mailto:CodeEnforcementInquiries@Southamptontownny.gov)

**COMPLAINT FORM**

The Investigations & Enforcement Unit discovers many problems while on patrol, however, complaints provided by the public are invaluable in assisting us with finding many life and health safety problems, as well as other violations of the Southampton Town Code. All complaints are investigated, but additional information is always helpful. Please provide any documentation or photos you may wish to have reviewed. Provide as much information as you can to assist us in resolving this concern expeditiously. Please remember that an investigation does not mean that all problems will be resolved quickly. Due process must be followed. You may send this to the Investigations & Enforcement Unit by facsimile or mail at the above location.

VIOLATION ADDRESS: Street Number \_\_\_\_\_ Street Name \_\_\_\_\_  
Hamlet \_\_\_\_\_  
Closest Cross Street \_\_\_\_\_  
Name of involved individual (a)/business (if known) \_\_\_\_\_

BRIEF DESCRIPTION OF COMPLAINT (e.g. people living in basement; excessive vehicles; litter) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT IS THE BEST TIME OF DAY or DAY OF THE WEEK TO OBSERVE THE VIOLATION?  
\_\_\_\_\_

HAVE ANY PREVIOUS COMPLAINT MADE?  UNKNOWN  NO  YES - DATE MADE \_\_\_\_\_

IS THE LOCATION OF THE COMPLAINT OCCUPIED BY THE OWNER?  UNKNOWN  NO  YES

OWNER NAME (if known) \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**I AFFIRM THAT ALL INFORMATION PROVIDED IN THIS COMPLAINT IS TRUE AND FACTUAL**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YOUR SIGNATURE / PRINT NAME / DATE

Request by Name \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_  
Address \_\_\_\_\_  
E-mail address \_\_\_\_\_

Do you want to be contacted?  Yes  No