HEALTH COMPLAINT FORM

TO BE COMPLETED AND SIGNED PRIOR TO ANY ACTION TAKEN BY THE HEALTH OFFICER

Date complaint filed: ________________________________

Name: ________________________________________________

Your address: __________________________________________

Phone #: _____________________________________________

Nature of complaint: _______________________________________
____________________________________________________________________
____________________________________________________________________

Location of complaint: _______________________________________

Tax map info: _________ - _________ - _________

Owner of property: _________________________________________

Mailing address of owner: _____________________________________

Phone # of Owner: _________________________________________

Signature of person filing the complaint: _______________________________

Printed name: ______________________________________________

Please be advised this complaint form is considered to be a public record and is subject to the Right to Know Law in accordance with RSA 91-A.
For office use only

Date complaint received:_________________ Received by: ________________________________

Inspection Date (if applicable): ______________________________________________________

Others present during inspection: _____________________________________________________

Resolution or action taken: ___________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

__________________________ __________________________
Health Officer’s signature Date

Other departments to be notified:

Administrator _______ Assessing _______ Building Inspector _______

Fire Department _______ Police Department _______ Public Works _______

Planning/Zoning _______ Selectmen _______ State Department(s) _______