

DUDLEY BOARD OF HEALTH COMPLAINT FORM

We will follow up on all complaints that are in violation of the Town & Commonwealth laws and anything that is a health problem.

Date \_\_\_\_\_

Violation Location \_\_\_\_\_

Owner of Property (if known) \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Name of Person Filing Complaint \_\_\_\_\_

Address \_\_\_\_\_

Contact # \_\_\_\_\_ Anonymous\* N / Y If yes reason: \_\_\_\_\_

Nature of Complaint

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person filing complaint \_\_\_\_\_ Date \_\_\_\_\_

*\*anonymous - we will do everything we can to respect your wishes of remaining anonymous. Please note the Board of Health will need your name in order to act upon a complaint.*

Office Use

Received by \_\_\_\_\_ Date \_\_\_\_\_

Walk-in \_\_\_\_\_ Mail \_\_\_\_\_ Call \_\_\_\_\_ Other \_\_\_\_\_

Action taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Town Official \_\_\_\_\_ Date: \_\_\_\_\_