



Town of Plymouth - Public Health Department  
26 Court Street, Plymouth, MA 02360  
508-747-1620 ext. 10118

## Complaint Form

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ TYPE OF COMPLAINT: \_\_\_\_\_

COMPLAINANT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City/Town State

LOCATION OF COMPLAINT: \_\_\_\_\_  
Street City/Town State

OWNER OF PROPERTY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS OF OWNER IF DIFFERENT: \_\_\_\_\_

DISCRIPTION OF COMPLAINT:

SIGNATURE OF COMPLAINANT: \_\_\_\_\_

PUBLIC HEALTH STAFF USE ONLY

RECEIVED BY: \_\_\_\_\_ INVESTIGATION DATE: \_\_\_\_\_

INVESTIGATION RESULTS: \_\_\_\_\_

INVESTIGATORS SIGNATURE: \_\_\_\_\_