

BOARD OF HEALTH



TOWN OF HEATH
Massachusetts

COMPLAINT FORM

The Heath Board of Health works to secure a safe and healthy environment for all Heath residents. Our mission is not only to evaluate and monitor, but also to assist residents who are in need of securing and/or improving specific areas of the home or property to meet sanitary codes.

This form must be filled out in order for us to have legal access to pursue the complaint. The complaint filed must be deemed a public safety issue or health hazard. After the complaint is received by the BOH members it will be forward to the Regional Health Agent at Franking Regional Council of Governments (FRCOG). Anonymous complaints will be accepted.

DATE COMPLAINT FILED: _____

COMPLAINANT INFORMATION

Name: _____
Address: _____
Tel./Cell: _____
Email: _____

LOCATION OF COMPLAINT

Address: _____
Owner Name: _____
Address: _____
Owner Tel./Cell: _____

DESCRIBE IN DETAIL NATURE OF COMPLAINT (use reverse side if more space is needed)

STEPS TAKEN BY YOU TO RECTIFY COMPLAINT

(letter to owner, etc., enclose all information deemed pertinent)

Signature of Complainant: _____

Please email or mail complaint form to the BOH.