

COMPLAINT FORM

PLYMPTON BOARD OF HEALTH, 5 PALMER ROAD, PLYMPTON, MA 02367

(781) 585-7000

boh@plymptontown.org

DATE: _____

TYPE OF COMPLAINT: _____

COMPLAINT LOCATION AND/OR PROPERTY OWNER INFORMATION: _____

DESCRIPTION OF COMPLAINT: _____

COMPLAINANT CONTACT INFORMATION (*not required*) _____

RECEIVED BY: _____ DATE & TIME _____

RESULTS OF INVESTIGATION: _____
