



**TOWN OF PLYMPTON  
BOARD OF HEALTH  
PLYMPTON, MA 02367  
(781) 585-7000**

**COMPLAINT FORM**

DATE:\_\_\_\_\_

TIME:\_\_\_\_\_

TYPE OF COMPLAINT:\_\_\_\_\_

COMPLAINANT:\_\_\_\_\_ TEL. #:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

LOCATION OF COMPLAINT:\_\_\_\_\_

OWNER OF PROPERTY:\_\_\_\_\_

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

COMPLAINT:\_\_\_\_\_

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

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

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INVESTIGATION DATE:\_\_\_\_\_

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

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**BOARD OF HEALTH:**

Chairman

Treasurer

Clerk