Connecticut River Area Health District
455 Boston Post Road Suite 7
Old Saybrook, CT 06475
Phone 860-661-3300 Fax 860-661-3333

Date:_____

COMPLAINT FORM

Please include any supporting documentation with the complaint form

Complainant Name: _____ Phone: _____

Complainant Address: _____Town: _____

****

Address/Location of Complaint: _____

Town: _____Property Owner: _____Phone: _____

Description of Complaint:

_____

_____

_____

_____

_____

**********Office Use**********

Received by: _____**Date: _____**

Investigation:_____

_____

_____

_____

_____

Investigated by: _____Date: _____