



Connecticut River Area Health District

455 Boston Post Road Suite 7

Old Saybrook, CT 06475

Phone: 860-661-3300 Web: www.crahd.info

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: _____