



Connecticut River Area Health District (CRAHD)

Old Saybrook Clinton Deep River Haddam Chester Killingworth Durham

COMPLAINT INTAKE FORM

Today's Date: _____

☐ *I choose to remain anonymous (skip contact information)*

☐ *I am available to contact (provide contact information)*

Contact Information

Your Name: _____

Phone: _____

Email: _____

Describe Complaint:

Address of Complaint: _____ Town: _____

☐ Residential ☐ Business: _____ ☐ Other: _____

Instructions: Attach and email the complaint form to: crahdoffice@crahd.net or mail.

You may attach any relevant information to the email or include it in the mailing.

CT River Area Health District
455 Boston Post Road, Suite #7
Old Saybrook, CT 06475