

DEPARTMENT OF THE HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH DIVISION
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COMPLAINT/INVESTIGATION

DATE RECEIVED: _____ RECEIVED BY: _____

NAME OF CALLER: _____

ADDRESS (HOME) : _____

PHONE (HOME) : _____ PHONE (WORK) : _____

COMPLAINT DESCRIPTION: _____

NOTE: INFORM CALLER THAT SOMEONE WILL GET BACK TO THEM.

ENVIRONMENTAL HEALTH USE ONLY

INVESTIGATOR ASSIGNED: _____

AREA: _____

REPORT NUMBER: _____

DATE: _____