SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF ENVIRONMENTAL HEALTH

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COMPLAINT / INVESTIGATION

DATE COMPLAINT RECEIVED: PERSON TAKING THE CALL / COMPLAINT: (print name)
NAME OF CALLER:
ADDRESS: CONTACT PHONE NUMBER:
COMPLAINT DESCRIPTION:
ENVIRONMENTAL USE ONLY
DATE:
INVESTIGATOR ASSIGNED:
REPORT NUMBER:

FINDINGS:
RECOMMDENTATIONS:
INVESTIGATOR'S SIGNATURE:
DATE:
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