



Town of Plymouth - Public Health Department
26 Court Street, Plymouth, MA 02360
508-747-1620 ext. 10118
Complaint Form

DATE: _____ TIME: _____ TYPE OF COMPLAINT: _____

COMPLAINANT: _____ PHONE #: _____

ADDRESS: _____
Street _____ City/Town _____ State _____

LOCATION OF COMPLAINT: _____
Street _____ City/Town _____ State _____

OWNER OF PROPERTY: _____ PHONE #: _____

ADDRESS OF OWNER IF DIFFERENT: _____

DISCRIPTION OF COMPLAINT:

SIGNATURE OF COMPLAINANT: _____

PUBLIC HEALTH STAFF USE ONLY

RECEIVED BY: _____ INVESTIGATION DATE: _____

INVESTIGATION RESULTS: _____

INVESTIGATORS SIGNATURE: _____