TOWN OF LUDLOW

BOARD OF HEALTH

488 CHAPIN ST. LUDLOW, MA 01056 (413)583-5600 EXT. 1271

COMPLAINT FORM

- Date of Complaint:_____
- Time of Complaint: _____
- Person Making Complaint: _____

  Address: _____

  Phone: _____

- Who or What Complaint is Regarding:

  _____

  _____

- Location of Complaint: _____
- Nature of Complaint (Please give as much detail as possible, Use other side if necessary)

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- Signature of Complainant: _____
- Authorized Personnel: _____
- Date Received: _____