BOROUGH OF WANAQUE HEALTH DEPARTMENT

CITIZEN COMPLAINT FORM

COMPLAINANT'S NAME: _____ DATE: _____

ADDRESS: _____ BLOCK _____ LOT _____ PHONE: _____

COMPLAINT RE:(NAME) _____

ADDRESS: _____ BLOCK _____ LOT _____ PHONE: _____

NATURE OF COMPLAINT: _____

COMPLAINT TAKEN BY:(NAME) _____

REPORT OF FINDINGS: _____

OFFICIAL'S SIGNATURE: _____ DATE: _____

REV:CJC:10/91