



Town of Salisbury, MA

COMPLAINT FORM

Food

Housing

Trash

1 COMPLAINT INFORMATION

DATE: _____

Name: _____

Street Address: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

2 LOCATION OF COMPLAINT

Owners Name: _____

Street Address: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

3 Describe in detail the nature of the complaint:

4 Provide any additional information that might help the investigation:

5 Health Department Action: