



TOWN OF WAREHAM

BOARD OF HEALTH
MEMORIAL TOWN HALL
54 MARION ROAD
WAREHAM, MA 02571
(508) 291-3100 x3197

COMPLAINT

Date:_____ Complaint taken by:_____ Time:_____

Property Address:_____

Property Owner:_____

Complainant
Address:_____

Phone:_____

Complaint:_____

Action Taken:_____

Report Findings:_____

Investigator:_____ Title:_____

Date:_____ Signature:_____