

<h2>Vermont Town Health Officer Complaint &amp; Inspection Form</h2>	Complaint Received By: Title/Program: Date:
	Complainants Name, Address, & Phone #
Owner Name, Address, & Phone Number:	Property Location:  <input type="checkbox"/> Rental <input type="checkbox"/> Owner    Occupied <input type="checkbox"/> Other _____
Reason for Complaint:	
Town:	Town Health Officer Name: <input type="checkbox"/> Health Officer <input type="checkbox"/> Deputy Health Officer <input type="checkbox"/> Other _____
Date of Inspection:	Type of Inspection: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up Last inspection date _____
<b>Inspection Observations:</b>	
<b>Overall Inspection Findings and Required Corrections:</b>	
Required Compliance Date:	Follow-up Inspection Date Set:
Referred to Other State Agency/Department or Other Organization: <input type="checkbox"/> Yes <input type="checkbox"/> No Details/Comments:	