

Vermont Town Health Officer Complaint & Inspection Form

Complaint Information

Complaint received by:	Owner name:
Title/Program:	Address:
Date:	Phone number:
Complainant name:	Property location:
Address:	Rental Owner occupied
Phone number:	Other:

Reason for complaint:

Inspection Information

Town:	Date of inspection:
Town Health Officer name: Health Officer Deputy Health Officer Other:	Type of inspection: Initial Follow-up Last inspection date:

Inspection observations:

Overall findings and required corrections:

Required compliance date:

Follow-up inspection date:

Referred to other state agency, department or organization: Yes No

Other details or comments:

