



# GUILFORD HEALTH DEPARTMENT

50 Boston Street, Guilford, CT 06437

Phone: 203.453.8118 Fax: 203.453.8034 Email: lindgrend@ci.guilford.ct.us

OFFICE USE ONLY  
REF #

## Complaint Investigation Request

Date: \_\_\_\_\_

Complainant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Address of Complaint: \_\_\_\_\_

Name of Property Owner or Tenant: \_\_\_\_\_

Address of owner or tenant: \_\_\_\_\_

Description of Complaint:

Sanitarian: \_\_\_\_\_ Follow-up: \_\_\_\_\_

(rev. 2/27/19)

Date closed: \_\_\_\_\_

**Mail, e-mail or fax completed form to the Guilford Health Department**