



Town of Derry Public Health Department

FOR OFFICE USE ONLY:

Date complaint received: _____

Received by: _____

Date copy to complainant: _____

Date follow-up letter sent: _____

COMPLAINT / INSPECTION REQUEST FORM

In order for the Town of Derry, Public Health Department to act on a complaint or a request for an inspection from a resident of the Town of Derry, this form must be completed, signed, dated and received in the Public Health Department. The Public Health Department will make a determination regarding appropriate action. Submission of this form alone does not mandate that an inspection be conducted. The complainant will be provided with a copy of the Request Form and notified, in writing, of the actions taken and outcome of any investigation.

NAME: _____

STREET ADDRESS: _____

APARTMENT NUMBER: _____

TOWN/CITY: _____ ZIP CODE: _____

MAILING ADDRESS: _____

DAY PHONE: _____ EVENING PHONE: _____

COMPLAINT LOCATION: _____

OWNER OF RECORD: _____

ADDRESS OF OWNER OF RECORD _____

Do you OWN / RENT the property where the problem exists? (Please circle)**If neither, please explain:** _____**Is there a property Manager? YES / NO****If yes, MANAGER'S NAME:** _____ **PHONE:** _____**SIGNATURE OF COMPLAINANT:** _____**DATE:** _____

PLEASE USE THE SPACE ON THE BACK OF THIS FORM TO DESCRIBE THE COMPLAINT OR REQUEST. BE AS SPECIFIC AS POSSIBLE. INCLUDE ANY DATES THAT PROBLEMS OCCURRED AS WELL AS ANY PREVIOUS ACTIONS TAKEN EITHER BY YOURSELF OR THE PROPERTY OWNER.



DESCRIPTION OF THE COMPLAINT OR REQUEST

[illegible]**DEPARTMENT RECOMMENDATION:**

DATE: _____