VERMONT
DEPARTMENT OF HEALTH

Town Health Officer Complaint & Inspection Form

	Complaint Received By: Title/Program: Date:
	Complainants Name, Address, & Phone #
Owner Name, Address, & Phone Number:	Property Location: □ Rental □ Owner Occupied □ Other_____
Reason for Complaint:	
Town:	Town Health Officer Name: □ Health Officer □ Deputy Health Officer □ Other_____
Date of Inspection:	Type of Inspection: □ Initial □ Follow-up Last inspection date_____

Inspection Observations:

Overall Inspection Findings and Required Corrections:

Required Compliance Date:	Follow-up Inspection Date Set:

Referred to Other State Agency/Department or Other Organization: □ Yes □ No
Details/Comments: