

ANDOVER BOARD OF HEALTH

COMPLAINT FORM

Received From: **Name:** _____

Address: _____

Phone #: _____ **Date:** _____

Against: **Name:** _____

Address: _____

Phone #: _____

Complaint: _____

Investigation Findings: _____

Contact: _____

Date of Investigation: _____

(OVER)

Action Taken:

Follow up Findings:

Date: _____

Andover Health Agent