



TOWN OF RIDGEFIELD

Health Department

Public Health Complaint/Nuisance Form

All complaints submitted to the Ridgefield Health Department must be accompanied by the Complainant's name, address, and phone number. Anonymous complaints will not be accepted.

Location of Nuisance: _____ Today's Date: _____ Time: _____ am/pm

Complaint Type

- o Sewage o Vermin
o Food o Air
o Water o Housing
o Wastewater o Lead
o Refuse o Other
o Rodents

Complainant Name: _____ Address: _____

Home phone: _____ Work phone: _____

Person(s) responsible for nuisance: _____

Responsible Party phone: _____ Address: _____

Date nuisance began: _____ Time nuisance began: _____ am/pm

Describe your complaint: _____

Multiple horizontal lines for describing the complaint.

Complainant Signature: _____