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, phone number and email. Anonymous complaints will not be accepted.

Location of Nuisance: _____________________________  Today's Date: ______________  Time: _______ am

Complaint Type

- o Sewage
- o Food
- o Water (Not drainage/runoff)
- o Wastewater
- o Refuse
- o Rodents
- o Vermin
- o Air
- o Housing
- o Lead
- o Other

Complainant Name: __________________________________________ Address __________________________________________

Home/Cell/Work phone: ___________________________  Email address __________________________________________

Person(s) responsible for nuisance: __________________________________________

Responsible Party phone: ___________________________  Address: __________________________________________

Date nuisance began: ___________________________  Time nuisance began: ___________________________ am

Describe your complaint:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Complainant Signature: __________________________________________

66 Prospect Street, Ridgefield, Connecticut 06877 (203) 431-2745