

Newton Memorial Town Hall
PO Box 1492
Lanesborough, MA 01237

Telephone: (413) 442-1167 x 28
Fax: (413) 443-5811
E-Mail: dohlanesboro@verizon.net

**TOWN OF LANESBOROUGH
BOARD OF HEALTH
Complaint Form**

Category of Complaint

Food _____ Water _____ Housing _____ Septic _____ Other _____

COMPLAINANT INFORMATION

Date of Complaint: _____ Complainant's Name: _____

Complainant's Address: _____ Telephone No. _____

Nature of Complaint: _____

OWNER INFORMATION:

Establishment Name: _____

Owner of Establishment & Location: _____ Telephone No: _____

Date _____ Owner's Response to Complaint: _____

DATE	ACTION TAKEN

Signature of Investigating Officer

Date