



# 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  
pm

#### Complaint Type

- |   |                               |
|---|-------------------------------|
| <input type="radio"/> Sewage                      | <input type="radio"/> Vermin  |
| <input type="radio"/> Food                        | <input type="radio"/> Air     |
| <input type="radio"/> Water (Not drainage/runoff) | <input type="radio"/> Housing |
| <input type="radio"/> Wastewater                  | <input type="radio"/> Lead    |
| <input type="radio"/> Refuse                      | <input type="radio"/> Other   |
| <input type="radio"/> Rodents                     |                               |

Complainant Name: \_\_\_\_\_ Address \_\_\_\_\_

Home/Cell/Work phone: \_\_\_\_\_ Email address \_\_\_\_\_

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Person(s) responsible for nuisance: \_\_\_\_\_

Responsible Party phone: \_\_\_\_\_ Address: \_\_\_\_\_

Date nuisance began: \_\_\_\_\_ Time nuisance began: \_\_\_\_\_ am  
pm

Describe your complaint: \_\_\_\_\_

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Complainant Signature: \_\_\_\_\_