



TOWN OF TOPSFIELD

Board of Health

8 West Common Street, Topsfield, Massachusetts 01983
(978) 887-1520/Fax (978) 887-1502 www.topsfield-ma.gov health@topsfield-ma.gov



Case # _____

Date and How Received _____

Complaint Intake and Report

I herein request an investigation of the condition described below:

Location (be specific): _____

Person(s) Responsible for the Condition:

Name: _____

Address: _____

Phone Number: _____

How long has this condition existed? _____

Owner of Property (if different):

Name: _____

Address: _____

Phone Number: _____

Have you reported this condition to the responsible person? Yes When: _____ No

Was this condition reported to the Health Department previously? Yes When: _____ No

Was this condition reported to another agency? Yes No Agency: _____

By making this request for an investigation, I acknowledge that the Health Department may take all necessary steps consistent with the appropriate laws to investigate and effect correction if such is warranted. Such action may involve referral to other agencies and/or criminal complaint in Court.

Person requesting the investigation:

Name: _____ Signature: _____ Date: _____

Address: _____ Phone: _____ Email: _____

FOR HEALTH DEPARTMENT USE:

Complaint	Yes	No	Date	Action Taken	Yes	No	Date
Investigated				Written Notice			
Previously Investigated				Verbal Notice			
Verified							

Condition Found: _____

Complaint Status	Yes	No	Date	Comments
Corrected or Abated				
Referred				
Awaiting Legal Action				
Follow-up Pending				

BOH Signature: _____ Date: _____

Attachments: Yes No

Case Closed: _____