



# 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: \_\_\_\_\_

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**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: \_\_\_\_\_