



**REGIONAL HEALTH DEPT.**  
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**John W. Morris, Regional Health Director**

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**COMPLAINT FORM**

This form must be filled out in order for us to have legal access to the property in question to investigate the complaint. The complaint filed must be deemed a public safety issue or health hazard, i.e., food-borne illness, housing, etc.

**THIS COMPLAINT WILL NOT BE PURSUED UNLESS COMPLAINANT COMPLETES AND SIGNS BELOW.**

**DATE COMPLAINT FILED:** \_\_\_\_\_

**COMPLAINANT INFORMATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Tel./Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**LOCATION OF COMPLAINT**

Address: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Owner Tel./Cell: \_\_\_\_\_

**DESCRIBE IN DETAIL NATURE OF COMPLAINT (use reverse side if more space is needed)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STEPS TAKEN BY YOU TO RECTIFY COMPLAINT**

(letter to owner, etc., enclose all information deemed pertinent)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature of Complainant:** \_\_\_\_\_

Once a claim is deemed valid, the Health Director will contact the owner/tenant of the property to arrange a site visit. If violations exist, a list of violations will be sent via certified mail to the owner of the property with a time-line to rectify violations. The complainant will also receive a copy of the violation letter sent to the Owner.

**For Health Department Use Only**

HSE-14- \_\_\_\_\_ FSE-14- \_\_\_\_\_ GNC-14- \_\_\_\_\_

Site Visit: \_\_\_\_\_ Violation Notice Sent: \_\_\_\_\_ Follow-Up: \_\_\_\_\_ Date Corrected: \_\_\_\_\_

\_\_\_\_\_

**John W. Morris, Regional Health Director**

