Vermont Town Health Officer Complaint & Inspection Form

	Complaint Received By: Title/Program: Date:
	Complainants Name, Address, & Phone #
Owner Name, Address, & Phone Number:	Property Location: ☐ Rental ☐ Owner Occupied ☐ Other_____
Reason for Complaint:	
Town:	Town Health Officer Name: □ Health Officer □ Deputy Health Officer □ Other_____
Date of Inspection:	Type of Inspection: □ Initial □ Follow-up Last inspection date_____
Inspection Observations:	
Overall Inspection Findings and Required Corrections:	
Required Compliance Date:	Follow-up Inspection Date Set:
Referred to Other State Agency/Department or Other Organization: □ Yes □ No Details/Comments:	

6-2021

Form developed by Vermont Department of Health