

COMPLAINT REPORT
Town of Wilmot, New Hampshire

NUMBER: _____
DATE COMPLETED: _____

Health	Waste	=	Solid	Hazardous	Other
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Received By: _____

Phone: _____

Received via: () Phone

() Letter

() In Person

Date Received: _____

Time: _____ (hrs)

Description of Complaint

Site Location: _____

Direction to Site: _____

Name of Property/Business Owner: _____

Company Name: _____

Phone: _____

Address: _____

Additional Information: _____

Does complainant wish to remain anonymous?

() yes

() no

() n/a

Complainant Name: _____

Address: _____

Phone: (H) _____

(w) _____

Other Contacts/Witnesses: _____