

EAST GREENWICH TOWNSHIP HEALTH DEPARTMENT COMPLAINT FORM

All complaints will be investigated within 72 hours of receipt.

(All fields marked with an * must be filled out in order for complaint to be investigated)

Your Information*

Name of person submitting complaint

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First Name

Last Name

Your Street address

--

Town (Clarksboro, Mickleton, Mt. Royal)

--

Your Phone Number*

--

Your email*

--

Your Preferred method of contact*

Phone

Email

Complaint Information*

Street address (where complaint exists)*

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Town (Clarksboro, Mickleton, Mt. Royal)

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Name of Business (if applicable)*

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Nature of complaint (please be specific)*

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Homeowner Association or Landlord Name & Phone Number (if applicable)

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