



**TOWN OF STERLING
BOARD OF HEALTH**

**1 PARK STREET, STERLING, MA 01564
978-422-8111 X2305**

COMPLAINT FORM

Date: _____

Address of Alleged Violation: _____

Property Owner: _____

Property Owner Address: _____

Telephone #: _____

Nature of alleged violation _____

Name of Complainant: _____

Complainant Address: _____

Complainant Telephone #:

Home: _____

Work: _____

Cell: _____

Complainant Email: _____

Complainant Signature: _____

Rec'd By: _____ Date: _____