TOWN OF LUDLOW

BOARD OF HEALTH

488 CHAPIN ST. LUDLOW, MA. 01056 (413) 583-5600 EXT.271

COMPLAINT FORM

- **Date Of Complaint:** _____
- **Time of Complaint:** _____
- **Person Making Complaint:**
  Address: _____
  Phone: _____
- **Who or What is Complaint Regarding:**
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- **Location of Complaint:** _____
- **Nature of Complaint:**
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- **Signature of Complainant:** _____
- **Authorized Personnel:** _____
- **Date Received:** _____