



DEPARTMENT OF HEALTH  
TOWN OF PRESTON  
TOWN OFFICES  
389 ROUTE 2  
PRESTON, CONNECTICUT 06365-8830

### HEALTH DEPARTMENT COMPLAINT FORM

Please return by:  
FAX: 860-204-0021 or email to:  
nichols@preston-ct.org

Date \_\_\_\_\_

Location \_\_\_\_\_

Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

Telephone number of Owner \_\_\_\_\_

Complainant Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number of Owner \_\_\_\_\_

Complaint / Inquiry

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant

Print Name

**TO BE FILLED OUT BY HEALTH OFFICIAL**

DATE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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