

**Town of Grafton  
Health Office Complaint Form**

**Reported issue:**

Junk \_\_\_\_ Rubbish \_\_\_\_ Sewage\Septic \_\_\_\_ Rodent Infestation \_\_\_\_ Other \_\_\_\_

Alleged Violation Property Information: (Property address or map # is required but more information is better)

**Owner name:**

**Owner Address:**

**Or**

**Tax Map Lot Information:**

**Phone Number:**

**Description of complaint:**

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**Reporting Person Information:**

**Name:**

**Address:**

**Phone number:**

**(optional) email address:**

**Are you a renter at the property in question? (Y/N):**\_\_\_\_  
**If you answered No to the above, how does this impact you?**

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**Other Information you feel is Pertinent?**

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Reporting person's signature and date: (By signing this form, you recognize that this complaint form may, and sometimes per RSA need to, be forwarded to the alleged owner of the property in violation)

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_