

Town of York Health Officer
Complaint and Inspection Form



Complainant Information (May remain anonymous)

Name:	Date:
Address:	Phone Number: Would you like a return call from the Health Officer? Yes No

Location of Complaint

Property Location: Map and Lot:	Location Type: Rental Owner Occupied Commercial
Property Owner Name, Address, Phone Number:	Are you a resident or tenant of the dwelling? Have you spoken with property owner about this concern? Yes No

Reason for Complaint (please list any personal safety concerns for responding inspectors): _____

Are you in need of any social services/assistance due to this complaint? _____

See attached relevant documentation of complaint.

Site Inspection (to be completed by investigating officer)

Date of Inspection:	Inspecting Officer:	Type of Inspection:
		Initial Follow-up

Inspection Observations: _____

Overall Findings and Recommendations/ Required Corrections: _____

Actions Taken by Health Officer

Notice of Violation Sent:	Required Date of Compliance:
Referred to other State Agency/Department/Organization:	Follow-up Inspection Date: