

# Town of York Health Officer Complaint and Inspection Form



## Complainant Information (May remain anonymous)

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

## Location of Complaint

<b>Property Location:</b>  <b>Map and Lot:</b>	<b>Location Type:</b> Rental      Owner Occupied      Commercial
<b>Property Owner Name, Address, Phone Number:</b>	<b>Are you a resident or tenant of the dwelling?</b>  <b>Have you spoken with property owner about this concern?</b> 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)

<b>Date of Inspection:</b>	<b>Inspecting Officer:</b>	<b>Type of Inspection:</b>  Initial      Follow-up
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**Inspection Observations:** \_\_\_\_\_

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**Overall Findings and Recommendations/ Required Corrections:** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Actions Taken by Health Officer**

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