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|  | ***Borough of Mount Arlington***  ***419 Howard Blvd.***  ***Mount Arlington, NJ 07856***  ***Board of Health***  ***Complaint Form***  **Please fill this form out completely**  **Mail to Beth Dwyer, BOH Admin**  [**bdwyer@mtarlingtonboro.com**](mailto:bdwyer@mtarlingtonboro.com) **(or address above)**  **973-398-6832 Ex 125** |

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| **DATE:** | **NAME OF COMPLAINANT:** | |
| **ADDRESS OF COMPLAINANT:** | | **CONTACT INFORMATION OF COMPLAINANT:**  Home:  Cell:  Email: |

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| **NATURE OF COMPLAINT:**  **NAME:**  **ADDRESS:** | | **IF AVAILABLE CONTACT INFORMATION:**  Home:  Cell:  Email: |

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| **DATE AND TIME INCIDENT OCCURED:**  **DETAILED DESCRIPTION OF COMPLAINT:** |

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| **Complainant’s Signature:** |  | **Date:** |

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| **Received By:** |  | **Date:** |
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| ***Department Instructions:*** |
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