Princeton Health Department

Complaint Form

Phone (609) 497-7608/Fax: (609) 924-7627
E-mail: dhenry@princetonnj.gov

☐ **Confidential**

COMPLAINT NUMBER: _____

Date complaint received by office: _____ Employee receiving call: _____

Location of complaint: _____

Nature of problem (complaint): _____

_____

Name of complainant: _____ Phone: _____

Address of complainant: _____

Name of owner: _____ Phone: _____

Address: _____

E-mail: _____

Inspector: Date Assigned to Inspector:

Investigation Report: