



Township of South Orange Village

101 South Orange Avenue
South Orange, N.J. 07079

Return to Health Department

DATE: _____

TIME: _____

HEALTH COMPLAINT INVESTIGATION RECORD

PROPERTY ADDRESS

OWNER/SUPER NAME

TELEPHONE NUMBER

COMPLAINANT'S NAME

ADDRESS

TELEPHONE NUMBER

COMPLAINANT NOTIFIED HEALTH DEPARTMENT BY:

PHONE

IN PERSON

LETTER

RECEIVER OF COMPLAINT: _____

1. Mold _____

2. Infestation:

Roaches

Mice

Rats

Other _____

3. Garbage:

Not Contained

Not Collected

Other _____

4. Poison Ivy: (please state location) _____

5. Barking Dog: (please state location) _____

6. Dog Bite: _____

7. Dog at Large: (please state location) _____

8. Dog Defecation: (please state location) _____

9. Food Complaint: _____

Restaurant: _____

10. Other: _____

INSPECTORS REPORT

DATE

INSPECTOR

TIME

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____