P.O. Box 478
48 High Street
Warren, MA 01083-0478

Tel: 413-436-5701

Warren Board of Health

Charles E. Shepard Municipal Building

Complaint Form

Date Complaint Received _____ In person Telephone Voicemail Email

Name of complainant _____

Contact for complainant (email or telephone) _____

Location of complaint _____

Time and date of incident _____

Please provide a description of the complaint with as many details as possible. Our Health Inspector will investigate and may wish to speak with you further.