Fairview Department of Health
53 Grant Street
Fairview, New Jersey 07022
201-943-3300 Ext. 280 & 281

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COMPLAINT INFORMATION (Please Print)

Walk-in _____ Phone _____ Letter/E-Mail _____ Inter-department _____

Received by: _____ Date: _____Time: _____ AM / PM

Name of Complainant: _____Phone: _____

Address: _____

Complaint Location/Address: _____

Required Attention: _____Immediate: _____Inspection Date: _____

COMPLAINT CLASSIFICATION

Health Dept: _____ Property Maintenance: _____ Building/Fire Code: _____

Nature of the Complaint: _____

_____

_____

Owner of Complaint Property (if applicable):

_____

Action Taken: _____

_____

_____

Re-inspection date: _____ Status: _____ Abated Date: _____