_____ DATE: _____

TOWN OF PLYMOUTH
FIRE SAFETY AND HEALTH COMPLAINT FORM

ENTERED/MADE BY: _____ RECEIVED BY: _____

DESCRIPTION OF COMPLAINT: _____

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LOCATION: _____ TAX MAP #: _____

LOCATION TENANT/OWNER: _____

MAILING ADDRESS: _____

FORWARDED TO: _____ DATE: _____

DATE RECEIVED: _____

INVESTIGATIVE RESULTS:_____

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RECOMMENDED SOLUTION: _____

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ACTION TAKEN: _____

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FOLLOW UP? _____ DATE: _____

SIGNED/DATE: _____

POTENTIAL FUTURE PROBLEM – EXPLAIN: _____

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ADDITIONAL COMMENTS: _____

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