



**Sussex County Department of
Environmental and Public Health Services**

One Spring Street Newton, NJ 07860
Tel: (973) 579-0370 Fax: (973) 579-0399 Email: health@sussex.nj.us

Complainant Information

Name: _____
Street Address: _____
City: _____ State _____ Zip _____
Home Phone: _____ Cell Phone _____
Work Phone: _____ Email _____

Complaint Details

Date: _____ Time _____
Municipality _____ Block _____ Lot _____
Establishment Name: _____
Street Address: _____
City: _____ State _____ Zip _____

Responsible Party Information

Name _____
Street Address: _____
City: _____ State _____ Zip _____
Home Phone: _____ Cell Phone _____
Work Phone: _____ Email _____

Complaint Type: _____

Description of Complaint

*Please provide as much of the information on this form as possible. We may need to contact you for follow-up information. **Print legibly.** Be descriptive and include: time and date of violation, location, length that violation has existed, how the violation impacts you and/or your family, responsible party name, address and phone number, etc. You can mail, fax or email this complaint into this department. You will be contacted to acknowledge the receipt of your complaint.*