



Terri A. Guarino  
Health Agent

# TOWN OF BOURNE BOARD OF HEALTH

24 Perry Avenue  
Buzzards Bay, MA 02532  
www.townofbourne.com/health  
Phone (508) 759-0600 ext. 1513  
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## MEMORANDUM

TO: Citizens of the Town of Bourne

FROM: Terri Guarino, RS  
Health Agent

DATE: October 28, 2016

SUBJECT: Public Health Complaints

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There has been an abundance of recent inquiries as to how to file a public health complaint with the Bourne Board of Health. Complaints must be submitted in writing to the office of the Bourne Board of Health during business hours. The Bourne Board of Health makes every effort to respond to all public health complaints in a timely manner.

The procedure for following-up on a public health complaint is often case specific depending on the nature of the complaint received. Follow-up frequently requires collaborating with other authorities who are also authorized to enforce applicable laws, rules, or regulations. Complaints may also be referred to other departments for their direct involvement in response.

When filing a public health complaint, it is imperative that the complainant provides the Board of Health with as much detail on the alleged situation as possible. It is extremely challenging to follow-up on public health complaints if sufficient information is not provided by the complainant. A complaint template is available for use. Documentary evidence, inspection reports, and enforcement orders will become a matter of public record and be held in the office of the Board of Health according to applicable Record Retention Schedules. Personnel and medical information is exempt from public records pursuant to the existing Public Records Statue and will remain confidential.

Should you have any questions, please visit the Board of Health Office located on the second floor of the Bourne Town Hall. Additional information is available at [www.townofbourne.com/health](http://www.townofbourne.com/health)

Respectfully,

Terri Guarino, RS  
Health Agent

**BOURNE BOARD OF HEALTH COMPLAINT INFORMATION**

Fill completely and return to Board of Health Office  
24 Perry Avenue, Buzzards Bay, MA 02532

**PROPERTY ADDRESS:**

**OWNER/ OPERATOR OF PROPERTY:**

(from Assessors Database or Recorded Deed)

**MAILING ADDRESS OF OWNER:**

(from Assessors Database, Recorded Deed, Telephone book, etc)

**OTHER CONTACT INFO OF PROPERTY OWNER:**

(e-mail address, telephone number(s), website, emergency contact person, etc.)

**DATE OF COMPLAINT:**

**COMPLAINT FROM:**

**ADDRESS OF COMPLAINANT:**

(must include mailing address if different)

**TELEPHONE NUMBER(S) OF COMPLAINANT:**

**E-MAIL ADDRESS OF COMPLAINANT:**

**DETAILED DESCRIPTION OF PUBLIC HEALTH COMPLAINT:**

**PLEASE LIST ATTACHED DOCUMENTATION BELOW:**