



**Complaint Form**

Location of Problem

Address \_\_\_\_\_ City \_\_\_\_\_ Township \_\_\_\_\_

Directions to the Site (what side of street, how far from intersection?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Information about the Occupant, Probable Responsible Party or Property Owner:**

First Name	Last Name	Phone #	
Address	City	State	Zip

**Information about Referring Party: (person making referral or complaint)**

First Name	Last Name	Phone #	
Address	City	State	Zip

Nature of Problem (describe below):

Sewage      Surface & Drinking Water      Trash & Garbage      Pest Control      Food Establishment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has this condition existed? \_\_\_\_\_

Has this problem been discussed with the responsible party? Yes  No  Date Discussed \_\_\_\_\_

Has there been a previous referral? Yes  No

Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: This will be considered a formal complaint when signed and returned. All information will be kept confidential unless legal action becomes necessary. In the event of legal action, the complainant may be notified of disclosure and may be subpoenaed.

Occasionally, we may refer a complaint to another government agency. Please check Box if we may include your name in the referral.

**For Health Department Use Only**

Referral From:      Citizen Complaint      Inter-agency      Intra-agency

**Conditions Found**

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Action Taken

Date of Investigation: \_\_\_\_\_ Public Health Hazard: Yes  No

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Follow-up Inspection Date: \_\_\_\_\_

Findings:

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Date Abated: \_\_\_\_\_ Date Referred: \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Department Representative      Date: \_\_\_\_\_