



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

Action Taken

Date of Investigation: _____ Public Health Hazard: Yes No

Follow-up Inspection Date: _____

Findings:

Date Abated: _____ Date Referred: _____

Signature of Health Department Representative Date: _____