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COUNTY PUBLIC HEALTH DEPARTMENT

Environmental Health Complaint Record

Complaint # _____

Complainant: _____ _____
First Last

Address: _____ City & Zip: _____

Phone No.: _____ Date of Complaint: _____

Nature of Complaint:

☐ Violation by a Business ☐ Violation by a Private Property Owner

Owner, if known, of property where violation occurs: _____

Address where violation occurs: _____

Phone number (if known): _____ Date of occurrence: _____

Complaint narrative: _____

_____

_____

Investigation

Complaint investigator: _____ Date: _____

Findings: _____

_____

_____

_____

Disposition: _____ Date: _____

Initials of investigator: _____

Revised 2-28-2019