



COMPLAINT SUBMITTAL FORM

Information about the person making the complaint:

Date: _____

Your Name: _____ Your Address: _____

Your Telephone #: _____ Your e-mail Address: _____

Location of problem (Street Address, City, Township): _____

Directions to the problem location (what side of street, how far from intersection, closest fire #: _____

Information about the property owner, occupant, or probable responsible party:

Name: _____ Telephone #: _____

Address: _____

Description of the problem: (If this is a foodborne illness complaint please call 906-482-7382, ext. 119)

How long has this problem existed? _____

Have you discussed this problem with the responsible party? No Yes Date discussed: _____

Have you previously contacted the health department about this problem? No Yes

Note: This complaint will be considered a formal complaint when a complete form is submitted to the health department for investigation. 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.

Western UP Health Department Use Only

EH Secretary: Received by: _____ Date received: _____ Complaint #: _____
Date Scheduled for Investigation: _____ Investigating Sanitarian: _____

Investigating Sanitarian:

WUPHD Jurisdiction: ___ Yes Date investigated: _____ (attach Complaint Investigation Form)
___ No, Complaint referred to: _____ (attach referral form)