

ENVIRONMENTAL HEALTH COMPLAINT REPORT

Date of Complaint: _____ **Complaint Received By:** _____ **Complaint #:** _____
Time Complaint Rec'd: _____

Complaint Against:

Complainant:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

Property Location: County: _____ Township: _____ Sec.: ____ Twp: ____ RNG. _____

COMPLAINT DESCRIPTION:

On Site Observation of Health Officer Representative:

Date of Investigation: _____

State the Specific Section of the Code in Violation:

Follow-up

Actions: _____

Health Office Rep. Signature _____ Date _____