District Health Department No. 4

COMPLAINT FORM

Date: _______________________

I wish to make a complaint against the following premises:

Street Address ____________________________ Township ____________________________ Post Office ____________________________

Person residing at above address ____________________________

Owner's Name ____________________________ Street Address ____________________________ Phone Number ____________________________

Type of Complaint: ☐ Sewage ☐ Wells ☐ Food Related ☐ Garbage ☐ Other ____________________________

Description: ____________________________

____________________________________

____________________________________

____________________________________

____________________________________

The following information is required to process this request:

Complainant:

Please Print Name of Complainant ____________________________

Signature (Will be kept confidential to the extent as permitted by law.) ____________________________ Phone Number ____________________________

Street Address ____________________________ Phone Number ____________________________

Freedom of Information requests will be accepted and processed should complainant want a written disposition on action taken.

Date of Investigation: ____________________________

Action Taken:

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

Date of Resolution ____________________________ Sanitarian's Signature ____________________________

DHD4 Form No. EH-87 R4/2015
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