

# 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.) \_\_\_\_\_

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



**Alpena County**  
100 Woods Circle  
Suite 200  
Alpena, MI 49707  
(989) 356-4507  
Fax (989) 356-3529

**Cheboygan County**  
Doris E. Reid Center  
825 S. Huron St.  
Suite 1  
Cheboygan, MI 49721  
(231) 627-8850  
Fax (231) 627-9466

**Montmorency County**  
P.O. Box 183  
12519 State Street  
Atlanta, MI 49709  
(989) 785-4428  
Fax (989) 785-2217

**Presque Isle County**  
106 E. Huron St.,  
Suite A  
Rogers City, MI 49779  
(989) 734-4723  
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[www.dhd4.org](http://www.dhd4.org)

Administrative Services  
Alpena County  
Office