

# COMPLAINT FORM

*A Complaint must constitute a threat to public safety or a violation of state code.  
The Board of Health requires all complaints be submitted in writing on a complaint form.  
Without a signed written complaint, the Board of Health cannot investigate a problem.*

THIS DOCUMENT IS A PUBLIC RECORD

## 1. COMPLAINANT INFORMATION

Name: \* \_\_\_\_\_

Street Address: \* \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone #: \* \_\_\_\_\_ Cell Number #: \* \_\_\_\_\_

Email: \* \_\_\_\_\_

## 2. LOCATION OF COMPLAINT

Owner's Name: \* \_\_\_\_\_

Street Address: \* \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Number: \* \_\_\_\_\_

## 3. Describe in detail the nature of the complaint: \* (please use other side if more room is needed)

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## 4. Specific code violation: \*

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## 5. Provide any additional information that might help the investigation:

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Sign here: \* \_\_\_\_\_ Date: \* \_\_\_\_\_

**\*MUST BE INCLUDED FOR FURTHER ACTION**

**FOR OFFICE USE:**