CLINTON COUNTY HEALTH DEPARTMENT
COMPLAINT FORM

ALL COMPLAINTS ARE CONFIDENTIAL, COMPLAINTANT'S NAME REMAINS ANNONYMOUS.

Incomplete forms will not be processed. ***Required Information**

*TYPE OF COMPLAINT: TANNING FOOD WATER SEWAGE NUISANCE WEEDS SOLID WASTE

*DATE OF COMPLAINT: _____ COMPLAINT NUMBER:_____

COMPLAINTANT:

*NAME:_____

*ADDRESS:_____

*CITY/STATE/ZIP CODE:_____*PHONE:_____

ACTION DIRECTED TO: (Alternate Info:)

NAME:_____

*ADDRESS:_____PARCEL#_____

*CITY/STATE/ZIP CODE:_____PHONE:_____

*NATURE OF COMPLAINT:_____

_____

_____

_____

*DIRECTIONS TO SITE:_____

_____

_____