



28 Executive Drive, Norwalk, OH 44857 | P: 419-668-1652 | environmental@huroncohealth.com | F: 567-244-3201

Licensed/Registered Program Complaint Form

The complaint is regarding:

- | | | |
|--|--|--|
| <input type="checkbox"/> Beach | <input type="checkbox"/> Manufactured Home Park | <input type="checkbox"/> Public Swimming Pool |
| <input type="checkbox"/> Campground | <input type="checkbox"/> Tattoo / Body Piercing Parlor | <input type="checkbox"/> Installer, Hauler, Service Provider |
| <input type="checkbox"/> Food Service Operation or Retail Food Establishment | <input type="checkbox"/> Plumber | |

If you think you may have food poisoning, please contact HCPH's Epidemiologist at 419-668-1652 Ext. 269.

Date and time of alleged occurrence? _____ Did you witness it? Yes No

Name and Address _____
 of Establishment / Facility _____
 including City or Township _____

Statement of facts of alleged occurrence:

Knowingly providing false or misleading information to a government agency is a crime that may be punishable by a fine, imprisonment, or both.

Complainant Information

- Submitted by phone in person online
 I wish to submit my complaint anonymously (HCPH will not contact you regarding status.)
 I wish to be contacted. My contact information is below.

Printed Name: _____ Date: _____

Address: _____ City/ Zip: _____

Cell Home Work Phone Number: _____

Email (optional): _____ Signature: _____

Be advised that complaints are a matter of public record. HCPH cannot withhold the name of a complainant.

Office Use Only

Received by: _____ Date Received: _____ Referred to: _____ Data Entry Complete: ____



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