

CLARK COUNTY HEALTH DEPT.

P.O. Box 266, 997 N. York St., Martinsville, IL 62442 217-382-4207

Internal use: Log #: _____ Date Received: _____ Rec'd by _____

ENVIRONMENTAL HEALTH COMPLAINT FORM

To assist you with your complaint, the Clark County Health Department requests that you complete this form and return it as soon as possible. The information you provide may be used in an effort to resolve the problem, to request additional information or to prompt an on-site investigation.

Your name: _____
Address _____ Home Phone _____
City _____ State _____ Zip _____ Work Phone _____

Complaint Location:

Property Owner Name (if known): _____
Address: _____
Directions: _____

Phone number (if known): _____

Type of complaint:

Sewage: _____ Water: _____ Food: _____ Vector (mosquito, etc): _____ Other: _____

Please describe what occurred, where and how long the issue has been occurring. Include in your description if you witnessed the incident or if it was described to you by someone else. Use the back of the form if more space is needed. Include any photos or diagrams that may be helpful.

The information you provide on this form may be used in an investigative report, however your identity is confidential and is not revealed to the general public or the complainant. Failure to provide this information, hinder efforts to resolve the problem.

The information I have given is true and accurate to the best of my knowledge.

Signature

Date