

District Health Department No. 10

Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana and Wexford Counties

COMPLAINT FORM

Location of Problem:

Street _____ City _____ Township _____

Directions to the Site (what side of street, how far from intersection?) _____

Information about the Occupant, Probable Responsible Party or Property Owner:

First Name _____ Last Name _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Information About Referring Party: (person making referral or complaint)

First Name _____ Last Name _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Nature of the Problem

(describe below)

How long has this condition existed? _____

Has this problem been discussed with the responsible party? Yes ___ No ___ Date Discussed _____

Has there been a previous referral? Yes ___ No ___

Complainant's Signature _____ Date _____

NOTE: This will be considered a formal complaint when signed and returned. All information will be kept confidential unless legal action becomes necessary. In the event of legal action, the complainant may be notified of disclosure and may be subpoenaed.

LHD Use Only

Complaint # _____

Date Stamp

For Health Department Use Only

Referral From: Citizen Complaint Inter-agency Intra-agency

Conditions Found

Action Taken

Date of Investigation: _____ Public Health Hazard: Yes ___ No ___

Follow-up Inspection Date: _____ **Findings:** _____

Date Abated: _____ **Date Referred:** _____

Signature, Health Department Representative Date