



## Licensed/Registered Program Complaint Form

### The Complaint is regarding:

- Beaches                       Manufactured Home Parks                       Swimming Pools  
 Campgrounds                       Tattoo / Body Piercing Parlors                       Installer, Hauler, Service Provider  
 Food Service Operations / Retail Food Service Establishments                       Plumber

If you think you may have food poisoning please contact HCPH's Epidemiologist at 419-668-1652 Ext. 258

### Nature of the Complaint (describe conditions, be specific):

Name of Establishment / Facility: \_\_\_\_\_

Address of Establishment / Facility: \_\_\_\_\_

City or Township: \_\_\_\_\_ How long has this problem existed? \_\_\_\_\_

Have you physically witnessed this problem?  Yes  No

**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:

Complaint submitted over the phone     Complaint submitted in person     Complaint submitted online

I wish to submit my complaint anonymously (you cannot be contacted regarding status).

I wish to submit my contact information so that I may be contacted. See below:

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Cellular  Home  Work

Email Address: \_\_\_\_\_ (optional)

Signed Name: \_\_\_\_\_

*Be advised that complaints are a matter of public record and we cannot withhold the name of any complainant.*

#### Office Use Only:

Date Received: \_\_\_\_\_

Sanitarian: \_\_\_\_\_

Date Scanned into Health Space: \_\_\_\_\_

Health Space ID #: \_\_\_\_\_