



Central Michigan District Health Department

Arenac
989-846-6541

Clare
989-539-6731

Gladwin
989-426-9431

Isabella
989-773-5921

Osceola
231-832-5532

Roscommon
989-366-9166

COMPLAINT FORM

Date Rec'd _____

County	Twp/City	Section	Address of Complaint	Time Rec'd

RESPONSIBLE PARTY:Name _____ Phone _____

OWNER OF PROPERTY:Name & Address _____

DIRECTIONS TO SITE _____

COMPLAINT DESCRIPTION _____

DATE & TIME OF INVESTIGATION _____ CONDITIONS FOUND _____

CORRECTION ORDERS _____

If you have any questions regarding this problem, feel free to contact our office.

Environmental Sanitarian _____

DATE _____ FOLLOW-UP ACTION _____ SANITARIAN _____

OFFICE USE ONLY

COMPUTER ID # _____ PROGRAM REPORTING UNIT(S): _____

PENDING (Date) _____ REFERRED/CLOSED (Date) _____ STAFF ID # _____

Complainant Name	Address	Phone
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