



**Environmental Health Division**  
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Website: [www.scchealth.co/EH](http://www.scchealth.co/EH)

## ENVIRONMENTAL HEALTH COMPLAINT FORM

THIS FORM MUST BE FILLED OUT WITH ALL REQUIRED INFORMATION. REQUIRED FIELDS ARE MARKED WITH AN ASTERISK (\*). THIS FORM MUST BE SUBMITTED IN PERSON, MAILED OR AS A PDF.

**TYPE OF COMPLAINT\*:**  SEWAGE  FOOD  SOIL EROSION  OTHER \_\_\_\_\_  
 SMOKE FREE 129 (Food Service Establishment)  SMOKE FREE 126 (Workplace)

In cases such as bedbugs, mold, and other complaints that are not regulated by SCCHD, only education can be provided.

**DESCRIPTION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION OF COMPLAINT\*:** Property Owner/Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Township: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS THIS REQUEST AND WILL BE KEPT CONFIDENTIAL TO THE EXTENT AS PERMITTED BY LAW.

**REPORTED BY\*:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Township: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
**Signature\*:** \_\_\_\_\_ **DATE\*:** \_\_\_\_\_

### HEALTH DEPARTMENT USE ONLY

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

COMPLAINT NUMBER: \_\_\_\_\_  INVESTIGATION  EDUCATION DATE OF CONTACT \_\_\_\_\_

OUTCOME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERRED TO:  Local Township/City \_\_\_\_\_

MDARD  EGLE  Other \_\_\_\_\_

SEE ATTACHED

STAFF SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_