

## Complaint Information Sheet

About anonymous complaints: Any contact information submitted on this form, including name and address, becomes part of the public record and may be subject to public disclosure, upon request. Individuals who wish to remain anonymous should not have any of the below details recorded for the name, address, phone number and e-mail address fields.

When filing a complaint, please try to obtain as much detail as possible about the location of the complaint, when the activity occurred, is it ongoing, and what happened.

Note: Providing your contact information under the General Information section below will allow staff to contact you for any additional information they need.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff Receiving Complaint: \_\_\_\_\_

### **General Information**

Are you an:

Individual  Public Official  Anonymous

Do you wish to remain anonymous?  yes  no (if yes, do not ask the following 3 questions)

What is your name?

What is your street address?

City: \_\_\_\_\_ County: \_\_\_\_\_

What is a good telephone number to reach you?

### **Complaint Information**

What is your complaint about:

When did it occur i.e., the date(s) and time(s)?

Is it still ongoing?

How are you aware of it e.g., I currently work there, I live nearby?

How are you affected by it?

Can you estimate quantities or size of impacted area?

Can you describe the specific location of the complaint area? e.g., in the back of the green building; on the southwest corner of the property; in the parts washing room?

Is the complaint area located in a rural area, residential neighborhood, on an open lot, in a fenced area, is there a stream or water well on the property?

What is the name of the person and/or business you think is responsible (i.e., who is causing the pollution or is the reason for your complaint)?

Name of person and/or business:

What is the street address for where the complaint is occurring?

What is the city for where the complaint is occurring?

What is the county for where the complaint is occurring?

What is the telephone number for where the complaint is occurring?

Please provide driving directions to the location of the complaint, for example directions from the nearest intersection, main road, legal description. Side of road the complaint is located on, is this visible from the public road?

Have you talked with anybody else about your complaint?  yes  no If you answered yes, please tell us who you talked to, when you talked to them, and what was discussed.

Acknowledge receipt of the information and that the information will be reviewed to see if an investigation may be warranted or if this information should be referred to another agency.

**Local Health Department Use:**

Referred To:

Time:

Date:

Action:

Response Required     Investigation Required     Other

Signature

Date: