Please print or type | PERSON REGISTERING COMPLAINT | Provide all information
---|---|---
Name: | Home Phone: ( ) |
Address: | Alternate Phone: ( ) |
City: | State: | County: | Zip Code: |

COMPLAINT REGISTERED AGAINST

Name: |
Establishment name: |
Address: | Phone: |
City: | State | County | Zip Code |

DETAILS OF COMPLAINT

1) Have you complained to the individual or establishment?  Yes ( )  No ( )
When: ________________________________
How: Telephone ( )  Letter ( )  Other ( ) (please explain) 

2) Did the individual or establishment respond?  Yes ( )  No ( )
If yes, action taken: ________________________________

3) Have you complained to any other organizations?  Yes ( )  No ( )
Who: __________________________________________
When: ________________________________
How: Telephone ( )  Letter ( )  Other ( ) (please explain) 

Did they respond?  Yes ( )  No ( )
If yes, action taken: ________________________________

Briefly state your complaint being as specific as possible.

Signature: ___________________________________________  Date: ______________________

State law and federal regulations stipulate that all inspection reports, including complaints, are public information and may be disclosed if requested.

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