

## Record of Complaint and Investigation – GDHD

\*Note: Complaints will only be accepted with full information and signature of complaining person/persons

Date of Initial Complaint: \_\_\_\_\_

Full physical address of complaint location: \_\_\_\_\_

Property owner of complaint location: \_\_\_\_\_

Full physical address of property owner: \_\_\_\_\_

Detailed description of complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name/address & phone number of person(s) complaining: \_\_\_\_\_

\_\_\_\_\_

Signature of person(s) filing complaint: \_\_\_\_\_

**(This area to be filled out by Health Dept. Staff only)**

Date complaint received: \_\_\_\_\_

County of complaint: \_\_\_\_\_

Environmentalist receiving initial complaint: \_\_\_\_\_

Date of initial action: \_\_\_\_\_

Actions Taken: \_\_\_\_\_

\_\_\_\_\_

Date of final action: \_\_\_\_\_ Referred: \_\_\_\_\_ Invalid: \_\_\_\_\_ Corrected: \_\_\_\_\_