

CLINTON COUNTY HEALTH DEPARTMENT  
COMPLAINT FORM

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ALL COMPLAINTS ARE CONFIDENTIAL, COMPLAINANT'S NAME REMAINS ANNONYMOUS.

**Incomplete forms will not be processed.**

**\*Required Information**

\*TYPE OF COMPLAINT:    BURNING    FOOD    WATER    SEWAGE    NUISANCE    WEEDS    SOLID WASTE

\*DATE OF COMPLAINT: \_\_\_\_\_ COMPLAINT NUMBER: \_\_\_\_\_

**COMPLAINANT:**

\*NAME: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*CITY/STATE/ZIP CODE: \_\_\_\_\_ \*PHONE: \_\_\_\_\_

**ACTION DIRECTED TO:** (Alternate Info:)

NAME: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_ PARCEL# \_\_\_\_\_

\*CITY/STATE/ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

\*NATURE OF COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*DIRECTIONS TO SITE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IS THIS A RENTAL PROPERTY?    YES    NO    DO NOT KNOW