RECORD OF COMPLAINT

Location of Complaint_________________________________________________ Number_________________

Received By __________________ By ________________________
Letter Telephone In Person Date______________

Person responsible for Premises_________________________________________________ Number ________________
(Name)   (Address) Phone

Complaint ___________________________________________________ Number_________________
(Name)   (Address) Phone

Representing Group or Agency______________________________________________ Number_________________
(Name)   (Address) Phone

Specific Details Of Complaint ________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Is Another Agency Responsible? Yes No _____________________________________________________ Wholly
Jointly
(Name)   (Address)

Date Agency Notified ____________________ By: ________________________
Letter Telephone In Person Other ________________________

To Be Investigated By ______________________________________________ Date Assigned____________

RESULTS OF INVESTIGATION

Was Complaint Justified? Yes No
(Show Dates and Results of Investigation and Re-investigation Below)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Final Disposition: Abatement Referral ________________________________ Date
Signature of Investigator

Other ________________________________ Date
Signature of Health Director