

**SANITARIAN SERVICES - COMPLAINT FORM**  
ESTABLISHMENT – INSTITUTION – SEWAGE – PRIVATE PREMISE  
FOOD RELATED COMPLAINT - ILLNESS [ ]  **FOODBORNE OUTBREAK** [ ]  **FOOD CONTAMINATION** [ ]

**COMPLAINANT (PERSON MAKING COMPLAINT)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

COMPLAINANT SIGNATURE \_\_\_\_\_

**FOR SEWAGE RELATED ISSUES: YOUR SEWER SYSTEM WILL BE INSPECTED AS WELL AS THE SITE FOR WHICH THE COMPLAINT IS MADE**

**TOPIC OF COMPLAINT (PROPERTY OF PERSON/BUSINESS BEING COMPLAINED AGAINST)**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Is the occupant(s)/operator(s) of the premise/business the owner of the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please provide the property owner information:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

**DETAILED DESCRIPTION OF PROBLEM: (Please be specific and draw sketch if necessary)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has this condition/problem existed? \_\_\_\_\_

Has this condition/problem been reported previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, to who was it reported? \_\_\_\_\_ Date previously reported: \_\_\_\_\_

What action (s) was taken? \_\_\_\_\_

**PLEASE BE ADVISED THAT THIS DOCUMENT WILL BECOME PART OF A PUBLIC RECORD AND THAT THE OFFICE OF PUBLIC HEALTH LEGAL STAFF WILL REDACT ALL IDENTIFYING INFORMATION OF THE COMPLAINANT IF THIS DOCUMENT IS REQUESTED.**

**SANITARIAN SERVICES COMPLAINT CHECKLIST PAGE 2**

**FOR OFFICE USE ONLY!**

LOG NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**TOPIC OF COMPLAINT - (PERSON/BUSINESS BEING COMPLAINED AGAINST)**

\_\_\_\_\_

INDIVIDUAL RECEIVING COMPLAINT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMPLAINT:	YES	NO	DATE:
Investigated			
Previously Investigated			
Valid			
Re-Inspection			
Re-Inspection			

ACTION TAKEN:	YES	NO	DATE:
Written Notice			
Conference			
Compliance Order			
2nd Notice			
3rd Notice			

**CONDITIONS FOUND:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sanitarian Investigating Complaint: \_\_\_\_\_ R.S.: \_\_\_\_\_

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

**NOTES:**

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