



Clark County Public Health Department

997 N York St, Martinsville, IL 62442

Phone: (217) 382-4207 ~ FAX: (217) 382-4226

<http://www.clarkhd.org>

ENVIRONMENTAL HEALTH COMPLAINT FORM

To assist you with your complaint, the Clark County Health Department requests that you complete this form and return it as soon as possible. The information you provide may be used in an effort to resolve the problem, to request additional information or to prompt an on-site investigation.

Your name: _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Complaint Location:

Property Owner Name (if known): _____

Address: _____

Directions: _____

Phone number (if known): _____

I would like my name to remain confidential. YES _____ NO _____

Type of complaint:

Sewage Water Food Vector (mosquito, etc) Other

Please describe what occurred, where and how long the issue has been occurring. Include in your description if you witnessed the incident or if it was described to you by someone else. Use the back of the form if more space is needed. Include any photos or diagrams that may be helpful.

The information you provide on this form may be used in an investigative report, however your identity is confidential and is not revealed to the general public or the complainant. Failure to provide this information may hinder efforts to resolve the problem.

The information I have given is true and accurate to the best of my knowledge.

Signature

Date