

COMPLAINT SUBMISSION FORM



Date: _____

Location: _____

Offender: _____

Address: _____

Phone #: _____

Nature of Complaint: _____

Complainant: _____

Address: _____

Phone #: _____

Signature: _____

Office Use:

ID#: _____	Date Received: _____	Type: _____	P.S. _____
Referred To: _____		By: _____	
Date of Investigation: _____		Recheck Date(s): _____	

Findings & Actions:

Date Completed: _____ Final Disposition: _____

Orders Issued: Y _____ N _____ Date: _____ Due: _____

Signature of Investigator: _____

Return to: Ashland Health Department, Division of Environmental Health
1763 State Route 60, Ashland, OH 44805