



ASHLAND COUNTY- CITY HEALTH DEPARTMENT

1763 STATE ROUTE 60, ASHLAND, OHIO 44805

Phone: 419-282-4231

Complaint Submission Form - PLEASE RETURN TO ABOVE ADDRESS WHEN COMPLETE.

DATE: _____

LOCATION: _____

OFFENDER: _____

ADDRESS IF KNOWN: _____

NATURE OF COMPLAINT: _____

COMPLAINANT: _____

ADDRESS: _____

PHONE #: _____

OFFICE USE:

ID# : _____ 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: _____

INVESTIGATOR: _____ DATE MODIFIED: 5/5/2017

