

COMPLAINANT

ENVIRONMENTAL HEALTH SECTION
STOKES COUNTY HEALTH DEPARTMENT POB 187 DANBURY NC 27016

1. The person receiving the complaint information shall complete top portion of the form.
2. If the responsible party's name, phone number, and/or address is not known by the complainant, reasonable effort will be made by the EHS thru other channels to obtain this information.
3. The complainant's name shall be given before an investigation will be conducted. (If the complainant refuses to give their name, still obtain the relevant information. Be sure to explain that the complaint will be investigated only if the EHS determines it to be an imminent health hazard.)
4. This form and any information pertaining to it is public record and the complainant's name will be released to anyone who follows proper departmental procedures to obtain such.

TYPE OF COMPLAINT: SEWAGE SOLID WASTE WATER RODENT OTHER _____

SPECIFIC PROBLEM

RESPONSIBLE PARTY

Phone (H)

Complete Mailing Address

Phone (W)

COMPLAINANT

Phone (H)

Complete Mailing Address

Phone (W)

Directions to Property, Including State Road Names & Numbers, Distances, Landmarks, Etc.

Received By _____

Date _____

EHS's On-Site Observations

EHS

Date

Action Taken: Visits, Notices, Etc.

Date