

REPORT OF COMPLAINT
TRUMBULL COUNTY COMBINED HEALTH DISTRICT
176 Chestnut Ave., NE, Warren, OH 44483 ** 330-675-2489**fax 330-675-2494

PLEASE READ DIRECTIONS CAREFULLY:

1. ALL INFORMATION MUST BE COMPLETED BEFORE THE HEALTH DEPARTMENT WILL INVESTIGATE YOUR COMPLAINT.
2. BE VERY SPECIFIC IN THE DESCRIPTION OF THE COMPLAINT.
3. COMPLAINANT INFORMATION MUST BE COMPLETED

ANY INFORMATION NOT PROVIDED SUFFICIENTLY ENOUGH WILL DELAY THE PROCESSING OF THIS COMPLAINT BY THIS DEPARTMENT AND MAY NOT BE INVESTIGATED.

Reported by _____ Owner _____

Phone _____ Phone _____

Mailing Address _____ Location Address _____

_____ Mailing Address (if different from above address) _____

Nature of Complaint: _____

Exact directions for reaching location of complaint: _____

Township, Village or City in which complaint is located: _____

Signed: _____ Date: _____

(REQUIRED)