Complaint form

Contact information
Name: ___________________________ Date: __________________
Address: ___________________________
Phone number: ___________________ Email: ___________________

Complaint information
Type of complaint: ___________________________
Against: ___________________________ Phone (if known): ___________________
Address: ___________________________

Additional notes

Do not write below this section:
To be completed by Klamath County Public Health Staff

Date received: ___________________ Taken by: ___________________