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 Environmental Health Staff

Date received: ___________________________ Taken by: ___________________________
November 2017