

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