

**DISTRICT HEALTH DEPARTMENT NO. 2**  
**ENVIRONMENTAL HEALTH DIVISION**  
**COMPLAINT FORM**

**Location of Complaint:**

Street Address \_\_\_\_\_

City \_\_\_\_\_ Township \_\_\_\_\_ County \_\_\_\_\_

**Property Owners Name** \_\_\_\_\_

**Property Owners Mailing Address** \_\_\_\_\_

Complaint (please be specific) \_\_\_\_\_

\_\_\_\_\_

Road Directions to Site \_\_\_\_\_

\_\_\_\_\_

**Complainants Name (Print)** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Complainants Signature (Required)** \_\_\_\_\_

Complainants Mailing Address \_\_\_\_\_

**Confidentiality:** Is the complainant requesting to be a "confidential informant" \_\_\_ Yes \_\_\_ No

**If yes, reason why confidentiality is requested:** \_\_\_\_\_

**Confidentiality cannot be guaranteed, should legal, administrative and/or court action be initiated for the release of information regarding this complaint, this document may be released upon authorization of the Health Officer and/or a court order.**

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*HEALTH DEPARTMENT USE ONLY*

Date Rec'd \_\_\_\_\_ Rec'd By \_\_\_\_\_

Staff Handling \_\_\_\_\_ Date(s) Investigated \_\_\_\_\_

Investigation Revealed: \_\_\_\_\_

\_\_\_\_\_

Method of Handling \_\_\_\_\_

\_\_\_\_\_

Date of Resolution \_\_\_\_\_

Rev 11-28-11

**Please return this form to your respective DHD # 2 office.**

DHD #2  
630 Progress  
West Branch MI 48661

DHD #2  
311 Lake St. POB 218  
Harrisville MI 48740

DHD #2  
420 W. Lake St POB 98  
Tawas City MI 48764-0098

DHD #2  
393 S Mt Tom  
Mio MI 48647

**or you may email a copy of this form to [health@dhd2.org](mailto:health@dhd2.org)**