



Clinton County Health District

Public Health - Prevent. Promote. Protect.

111 S. Nelson Ave. Suite 1

Wilmington, Ohio 45177

info@clincohd.com

937.382.3829

Complaint Form for Licensed Facilities

- Food Service Operation
 Retail Food Establishment
 Body Art
 Pool
 Campground
 Resident Camp
 Other: _____

Complaint Filed by:
 Does complainant wish to remain anonymous?
 Yes (*Skip*) No (*Complete contact info below*)
 Name: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____
 Email: _____

Location of Complaint:
 Issues of complaint reported to facility manager by complainant? Yes No
 Name: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____
 License Number: _____

Date of visit at facility: _____ Time of visit at facility: _____

Complete details of complaint: _____

Symptoms of illness: _____

Reported to doctor: No Yes How many people are ill? _____

Disclaimer: I understand that any information I submit in this complaint to Clinton County Health District (CCHD) is considered public information and may be released in a public records request.

Return to: CCHD 111 S. Nelson Ave., Suite 1 Wilmington, OH 45177 or info@clincohd.com
 You may also include pictures or other information that will help CCHD investigate the complaint claims.

----- **OFFICE USE ONLY** -----

Date Received: _____ Received by: _____

Declined to investigate: No Yes If yes, reason: _____

Investigation comments: _____

Investigation Closed -- Evaluating REHS/EHSIT: _____ **Date:** _____

Reported results to complainant by: _____

