



**Public Health**  
Prevent. Promote. Protect.  
Clinton County Health District

**Clinton County Health District**  
111 S Nelson Ave Suite 1 Wilmington, Ohio 45177  
Phone: (937)382-3829 Fax: (937)382-7027 Email : info@clincohd.com



### Complaint Form for Licensed Facilities

Food Service Operation    Retail Food Establishment    Swimming Pool    Campground    Other: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received by: \_\_\_\_\_

**Complaint filed by:**  
 Does complainant wish to remain anonymous?  
 Yes (*Skip*)    No (*Complete contact info below*)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Name of facility:**  
 Issues of complaint reported to facility manager by complainant?  Yes    No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of visit at facility: \_\_\_\_\_ Time of visit at facility: \_\_\_\_\_

Symptoms of illness: \_\_\_\_\_

Complete details of complaint: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reported to doctor:  No    Yes   If yes, name of doctor: \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY**

Potential risk to public health:  Severe    High    Moderate    Slight

Declined to investigate:  No    Yes   If yes, reason: \_\_\_\_\_

Investigation comments: \_\_\_\_\_

Investigation closed -- Evaluating sanitarian: \_\_\_\_\_ Date: \_\_\_\_\_

Reported results to complainant by: \_\_\_\_\_

Revised: 06/2022