



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
 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: _____

City: _____ Zip: _____

Phone: _____

Location of Complaint:

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

Name: _____

Address: _____

City: _____ Zip: _____

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: _____

CCHD Licensed Facility Complaint Form Updated: 12/18/2024



Equal Opportunity Employer/Provider