



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

Clinton County Health District
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Phone: (937)382-3829 Fax: (937)382-7027 Email : info@clincohdc.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: _____

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