



Complaint Form

What Type of Complaint is this?

_____ Unlicensed Person(s) _____ Services in Residence _____ Sanitary Issues _____ Safety _____ Other (explain)

Explain the circumstances involved in your complaint:

Facility Information

Name of Facility _____

Address of Facility _____ County _____

Complainant Information

Your name (Please Print) _____

Your mailing address _____

Your residence phone/cell number _____

Email address (if applicable) _____

(Signature of person filing complaint)

****This document must be signed to be considered for formal action**

OFFICE USE ONLY:

Inspector: _____ Complaint#: _____