



## Public Health

# ENVIRONMENTAL HEALTH COMPLAINT FORM

Josephine County Public Health  
Environment Health Division  
715 NW Dimmick St  
Grants Pass OR 97526  
541-474-5325

DATE: \_\_\_\_\_

Complaint received by: \_\_\_\_\_

Type of complaint (one form per complaint)

\_\_\_\_\_ Restaurant

\_\_\_\_\_ Food

\_\_\_\_\_ Illegal Burn Activity

\_\_\_\_\_ Drinking Water

\_\_\_\_\_ Tourist Facility

\_\_\_\_\_ Swimming Pool/Hot Tub

\_\_\_\_\_ Hotel/Motel

\_\_\_\_\_ Other (describe) \_\_\_\_\_

Name of business or facility: \_\_\_\_\_

Address of business or facility: \_\_\_\_\_

Did the suspected incident make someone ill?    YES    NO    N/A

Time of food consumption \_\_\_\_\_ Time of illness onset \_\_\_\_\_

Was the illness confirmed by a physician?    YES    NO    N/A

REPORTS WITH CONFIRMED ILLNESS ARE SUBMITTED DIRECTLY TO CD NURSE

Please provide a detailed description of your complaint. Use as much factual information as possible:

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Complainant name: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

By signing below, I hereby attest that the information provided is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and contact phone number required in the event the inspector has follow up questions.

Complainant names and information will not be released.

HLT/ALL/EH SUPPORT 1/COMPLAINT FORM