Public Health
Prevent. Promote. Protect.
Perry County Health Department

P.O. Box 49
907 South Main
Pinckneyville IL 62274
Ph# (618) 357-5371
Fax (618) 357-3190
www.perryhealth.net

Official Complaint Form

Complaintant:

please print

Name _____ Ph# _____

Address _____

City _____ State _____ Zip _____

Respondent:

Name _____ Ph# _____

Address _____

City _____ State _____ Zip _____

Location and Nature of Complaint

Location: _____

Nature of Complaint: _____

_____

Description of Issue By Complaintant:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature and Date <u>Required</u> to File Complaint:

Signature_____ Date_____