



Public Health
Prevent. Promote. Protect.

Perry County Health Department

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www.perryhealth.net

Official Complaint Form

Complainant:

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 Complainant:

Signature and Date Required to File Complaint:

Signature _____ Date _____