

Complaint #: _____

Dickinson - Iron District Health Department
Environmental Health Division
Complaint Report

General Information

Date Received _____ Time Received _____

Type of Complaint:

___ Food ___ Garbage ___ Sewage ___ Water ___ Animal ___ Other

Nature of Complaint _____

Location of Complaint _____

Responsible Party _____ Phone _____

Address _____

Complaint Reported by _____ Phone _____

Address _____

Information Received By: _____

Investigation

Date Investigated _____ Time Investigated _____

Findings _____

Complaint Valid ___ Yes ___ No ___ Other

Action Taken ___ Letter ___ Phone Call ___ Personal Visit

Comments _____

Final Disposition _____

Investigated By: _____ Date Resolved: _____