

REPORT OF COMPLAINT
TRUMBULL COUNTY HEALTH DEPARTMENT
176 Chestnut Ave., NE, Warren, OH 44483 ** 330-675-2489fax 330-675-2494**

PLEASE READ DIRECTIONS CAREFULLY:

1. **ALL INFORMATION MUST BE COMPLETED BEFORE THE HEALTH DEPARTMENT WILL INVESTIGATE YOUR COMPLAINT.**
2. **DO NOT USE GENERAL STATEMENTS IN DESCRIPTION OF LOCATION OF COMPLAINT (i.e., *ditch in front, back yard behind mine, lot up the road from me, house next door to mine.*). THIS DEPARTMENT MUST HAVE AN ACCURATE HOUSE NUMBER AND ADDRESS TO INVESTIGATE A COMPLAINT.**
3. **THE NAME OR LAST KNOWN NAME OF THE PERSON(S)/BUSINESS YOU ARE COMPLAINING AGAINST WITH A MAILING ADDRESS.**
4. **BE VERY SPECIFIC IN THE DESCRIPTION OF THE COMPLAINT.**

**ANY INFORMATION NOT PROVIDED SUFFICIENTLY ENOUGH WILL
DELAY THE PROCESSING OF THIS COMPLAINT BY THIS DEPARTMENT
AND MAY NOT BE INVESTIGATED.**

Reported by _____	Owner _____
Phone _____	Phone _____
Mailing Address _____	Location Address _____
_____	Mailing Address (if different from above address)

Nature of Complaint: _____

Exact directions for reaching location of complaint: _____

Township, Village or City in which complaint is located: _____

Signed: _____ Date: _____

(REQUIRED)