

**Hertford County Public Health Authority  
General Complaint Form**

**Internal Referral**

Sewage & Water    Food, Lodging & Institutions    Childcare    Pools    Other

**Other Agency Referrals**

Solid Waste    Vector (Mosquito)    Animal Control    General    Other

**Complainer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Complainee:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Directions:** \_\_\_\_\_

**Nature of Complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complaint Justified:**                       Yes       No

**Received By:** \_\_\_\_\_

**Action Taken:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Resolved:** \_\_\_\_\_                      **EHS:** \_\_\_\_\_

**Lab Investigation:**                       Yes                       No

**Lab Results:** \_\_\_\_\_

**Outside Referral:** \_\_\_\_\_

**Program Director Signature:** \_\_\_\_\_

**Health Director Signature:** \_\_\_\_\_