

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