



**Southern Seven Health Department
Division of Environmental Health**

COMPLAINT REFERRAL

Date: _____

Nature of Complaint: _____

Name of Person Complaining: _____

Address and/or Phone Number: _____

Name of Person Complained Against: _____

Address of Person Complained Against: _____

Referred to: _____

Reason for Referral: _____

Sanitarian: _____ Date: _____

Complainant: _____ Date: _____