

# Complaint form



## Contact information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Complaint information

Type of complaint: \_\_\_\_\_

Against: \_\_\_\_\_ Phone (if known): \_\_\_\_\_

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

## Additional notes

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### Do not write below this section:

To be completed by Klamath County Public Health Staff

Date received: \_\_\_\_\_ Taken by: \_\_\_\_\_