



Montgomery County Environmental Health Services  
COMPLAINT FORM

Dept. Use Only Complaint #:	District Color:	Date Received
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Mail To:

Montgomery County Environmental Health Services  
501 N. Thompson Suite #101 Conroe, Texas 77301  
Office: 936-539-7839 Fax: 936-539-7961  
e-mail: [HealthComplaints@mctx.org](mailto:HealthComplaints@mctx.org)

NOTICE

Under the Texas Public Information Act, the complainant's identity is subject to being revealed.

TYPE OF COMPLAINT: \_\_\_\_\_  
(Indicate what type: Sewage Discharge, Garbage, Public Nuisance, etc.)

**IF THIS IS A FOOD BORNE ILLNESS, PLEASE CONTACT OUR OFFICE AT 936-539-7839 SO THAT WE MAY RETRIEVE DETAILED INFORMATION REGARDING YOUR COMPLAINT.**

A. You, as the complaining party: (Type or print legibly)

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

B. The person, firm or building/facility you are complaining about:

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

Company or Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: Office: \_\_\_\_\_ Fax: \_\_\_\_\_ Key Map: \_\_\_\_\_

C. Please answer the following questions:

1. Have you complained to the person / business directly?  Yes  No Date(s) \_\_\_\_\_
2. Have you complained to the person / business in writing?  Yes  No If yes, did you attach a copy?  Yes  No
3. Have you ever filed a complaint with Montgomery County Health Services before?  Yes  No
4. Have you contacted another agency?  Yes  No If yes, which one? \_\_\_\_\_

**Notice: If you have an open complaint on file, it is NOT necessary to file a second one on the same matter.**

