

Montgomery County Environmental Health Services COMPLAINT FORM

Dept. Us	e Only			_
Complain	•	District Color:	Date Received	
		Mail T	o:	
	N	Montgomery County Enviro	nmental Health Services	
		1 N. Thompson Suite #10		
		Office: 936-539-7839		
		e-mail: <u>HealthComp</u>		
		NOTIC		
	Under th		ainant's identity is subject to being revealed.	
	OF COMPLAINT:_			
(Indicate	what type: Sewage Discha	arge, Garbage, Public Nuisance, etc.)		
IF THI	S IS A FOOD BORNE	ILLNESS, PLEASE CONTACT OUI	R OFFICE AT 936-539-7839 SO THAT WE MAY RETRIEVE	3
		DETAILED INFORMATION REGA		
A.	You, as the complain	ning party: (Type or print legibly)		
	Noma			
	Name:			
	Address:		City/State/Zip:	
	Telephone: Work:		Home:	
	Fax:	E-mail:		
В.	The person, firm or b	ouilding/facility you are complaining	g about:	
	Name:			
	rume.			
	Company or Facility	Name:		
			G1 (G (F)	
	Physical Address:		City/State/Zip:	
	Mailing Address:		City/State/Zip:	
	-		•	
-	Геlephone: Office:	Fax:_	Key Map:	
	DI (1 0	111		
C.	Please answer the I	following questions:		
1.	Have you complained t	to the person / business directly?Y	Ves No Date(s)	
2.			_Yes No If yes, did you attach a copy?Yes No	
3.	Have you ever filed a c	complaint with Montgomery County H	ealth Services before?Yes No	
4.	Have you contacted and	other agency?Yes No If yes.	, which one?	
Not	ice: If you have an ope	en complaint on file, it is NOT necess	sary to file a second one on the same matter.	

E.	DIRECTIONS: Written directions from Conroe to the site to which is being complained on, would better the effort of the investigator to find the exact location of the problem site. (Type or print legibl)
	Please complete the entire complaint form and return it to the correct address. Provide pertinent information about your complaint including copies of letters, invoices, documents, advertisements, photographs, etc. Please provide names and addresses of persons involved (or witnesses), dates when the event(s) occurred, and address(es) of occurrence. All attached documents will become property of the Montgomery County Health Services.
	SIGNAUTRE BLOCK
	SIGNAUTRE BLOCK I certify that the information given herein is true and correct to the best of my knowledge. I underst that an investigation will be performed based on the information contained in the complaint form. I event of an investigation, I understand that omission of information or misleading information given