



Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

washcohealth.org
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ENVIRONMENTAL HEALTH - COMPLAINT INVESTIGATION

Date: _____

Printed Name: _____

Signature: _____ Daytime Phone: _____

Type of Complaint (check each category as applicable)

Animals	Water Quality	Septic System	Housing / Property	Food Facilities/Restaurant
<input type="checkbox"/> Land Application <input type="checkbox"/> Manure <input type="checkbox"/> Odors	<input type="checkbox"/> Drinking Water <input type="checkbox"/> Stream Pollution <input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Visible Failure <input type="checkbox"/> Non-Functioning <input type="checkbox"/> Other	<input type="checkbox"/> Garbage / Trash <input type="checkbox"/> Water <input type="checkbox"/> Sewage	<input type="checkbox"/> Foodborne Illness <input type="checkbox"/> Insect/Rodent infestation <input type="checkbox"/> Sanitary Conditions

☐ Other (please describe):

Name/Location of Complaint:

Description of Complaint: (Be specific as possible. Include dates/times, symptoms, etc.)

(Additional space provided on next page)

FOR OFFICIAL USE ONLY:

Assigned to: _____

240-313-3400 Voice • Call 711 for MD Relay TTY • 240-313-3424 Fax