

COMPLAINT FORM
District Board of Health Mahoning County
50 Westchester Drive
Austintown, Ohio 44515
(330) 270-2855
Fax: (330) 270-2859

Date: _____

Number _____

**This is a public record. Any information you submit on this form is available for public review.
The District Board of Health will not accept anonymous or unsigned complaints.**

ADDRESS AT WHICH PROBLEM EXISTS: _____

Person Making Complaint _____

Address _____ City _____ Zip _____

Phone Number _____ Township _____

.....
Party Causing Complaint _____

Address _____ City _____ Zip _____

Phone Number _____ Township _____
.....

State Complaint Here:

Use other side if more space is needed.

Signature of Complainant

INFORMATION MUST BE COMPLETE AND FORM MUST BE SIGNED BEFORE INVESTIGATION IS MADE