



Montgomery County Environmental Health Services
COMPLAINT FORM

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|--------------------------------|-----------------|---------------|
| Dept. Use Only Complaint #: | District Color: | Date Received |
|--------------------------------|-----------------|---------------|

Mail To:

Montgomery County Environmental Health Services
501 N. Thompson Suite #101 Conroe, Texas 77301
Office: 936-539-7839 Fax: 936-788-8388
e-mail: www.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.

D. EXPLANATION: Describe your complaint in detail and the type of resolution you are seeking. Signature(s) and dates are required in the signature blocks at the bottom of this section. If the space provided below is not adequate, you may attach additional pages. **(Type or print legibly)**

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 legibly)**

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.

SIGNATURE BLOCK

I certify that the information given herein is true and correct to the best of my knowledge. I understand that an investigation will be performed based on the information contained in the complaint form. In the event of an investigation, I understand that omission of information or misleading information given in this form will constitute a basis for immediate complaint dismissal.

Signature of the complaining party

Printed name of complaining party

Date