

GENERAL COMPLAINT FORM

Saint Croix County Department of Health and Human Services

Date Complaint Received: _____ Complaint Taken By: _____

Please complete the following information regarding where and what the complaint is about:

Violation Location:		
Owner name:	Owner Phone:	Rental Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Address:		
Type of Complaint:		
<input type="checkbox"/> Public Health Hazard	<input type="checkbox"/> Food Quality/Sanitation	<input type="checkbox"/> Water Quality
<input type="checkbox"/> Air Quality	<input type="checkbox"/> Lodging/Campground	<input type="checkbox"/> Pool
<input type="checkbox"/> Lead	<input type="checkbox"/> Animal Control/Bite	<input type="checkbox"/> Other: _____
Complaint Description:		
Staff Assigned to Complaint Investigation:		
Staff Comments:		

Complainant Information (CONFIDENTIAL):

Name:	
Address:	
Work Phone:	Home Phone: