

**REPORT OF COMPLAINT**  
**TRUMBULL COUNTY COMBINED HEALTH DISTRICT**  
176 Chestnut Ave., NE, Warren, OH 44483 \*\* 330-675-2489\*\*fax 330-675-2494

PLEASE READ DIRECTIONS CAREFULLY:

1. ALL INFORMATION MUST BE COMPLETED BEFORE THE HEALTH DEPARTMENT WILL INVESTIGATE YOUR COMPLAINT.
2. BE VERY SPECIFIC IN THE DESCRIPTION OF THE COMPLAINT.
3. COMPLAINANT INFORMATION MUST BE COMPLETED

**ANY INFORMATION NOT PROVIDED SUFFICIENTLY ENOUGH WILL DELAY THE PROCESSING OF THIS COMPLAINT BY THIS DEPARTMENT AND MAY NOT BE INVESTIGATED.**

Reported by _____	Owner _____
Phone _____	Phone _____
Mailing Address _____	Location Address _____
_____	_____
	Mailing Address (if different from above address) _____
	_____
	_____

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Exact directions for reaching location of complaint: \_\_\_\_\_

\_\_\_\_\_

Township, Village or City in which complaint is located: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**(REQUIRED)**