



SALEM CITY HEALTH DISTRICT

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COMPLAINT FORM

NOTE: This is a public record. Any information you submit on this form is available for public review. ***The Salem City Health District will not accept anonymous or unsigned complaints.*** This form must be filled out, in its entirety, before any investigation can be conducted.

Person making complaint: _____

Address _____ City _____ Zip _____

Phone Number _____ Email or Text Number _____

Name/Address at which the problem exists: _____

Party causing complaint: _____

Address (if different than above) _____

Phone number (if known): _____

Reason for complaint (use back of form if needed):

Signature of Complainant

Date

Office Use Only:

Date Received:

Your local public health partner- working to protect our community.