

REQUEST FOR INVESTIGATION

Nature of Complaint or Problem _____

Supporting Evidence or Testimony _____

Location (Address) _____

Directions to Site _____

Responsible Party _____

Address _____

Anonymous complaints: We will not investigate anonymous complaints unless they are of a condition or action that is an imminent threat to public health or safety, and as to which a Linn County department has specific regulatory or enforcement responsibilities.

Confidentiality: You may ask to keep your identity confidential for the purpose of this complaint investigation. We will make a good faith effort, to the extent allowed by law, not to disclose information that may identify you.

I wish to keep my identity confidential for the purpose of this complaint investigation.

Complainant _____ Phone _____

Address _____

Date _____

FOR OFFICE USE ONLY

Complaint Number _____ Township _____ Range _____ Section _____ Tax Lot _____

Priority: 1 (High) 2 (Medium) 3 (Low) 4 (Refer) 9 (Don't Investigate)

___ City ___ County ___ Licensed Facility ___ Sewage Disposal ___ Com. Health ___ Public Water ___ Solid Waste

Description _____

Summary _____

Sanitarian _____

Date _____

FOR OFFICIAL USE ONLY

Name and phone number of Complainant: _____

Where have they eaten in the last 72 hours? _____

What was eaten? _____

When did they eat? _____

What are symptoms & when did they start? _____
