

# Ledge Light Health District

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*A Beacon for Public Health Leadership and Partnerships*

## CITIZEN COMPLAINT / REQUEST FORM

**Date : Time:**

**Telephone**\_\_\_\_ **In Person**\_\_\_\_ **E-Mail**\_\_\_\_ **Fax**\_\_\_\_

**Person receiving message:**

**Staff Assigned:**

### Citizen Information

**Name:**

**Address:**

**Home Telephone # :**

**Work Telephone #:**

**Nature of Complaint / Request:**

**Disposition:**

**Signed**\_\_\_\_\_ **Date**\_\_\_\_\_