

Environmental Health Complaint Form

North East Regional Health Authority

Date

Name of the complainant

Address of complainant (including mailing address)

Contact number of complainant _____ **Email** _____

Nature and details of the complaint

Location of complaint including significant Land Mark

Name of alleged offender (including alias)

Address of alleged offender

Signature

For official use only

Received by _____ **Date** _____

ID Number assigned _____

Investigated by _____
dates _____

Remarks _____

