

# MARION PUBLIC HEALTH

**Administration/Nursing  
Health Education/Preparedness Divisions**  
98 McKinley Park Blvd.  
Marion, Ohio 43302

Phone: (740) 387-6520  
Fax: (740) 383-2546

**Environmental Health Division  
Office of Vital Statistics**  
233 W. Center St.  
Marion, Ohio 43302

Phone: (740) 387-3604 (Vital Statistics)  
Phone: (740) 387-2875 (EH Division)  
Phone: (740) 387-2875 (Plumbing)  
Fax: (740) 383-2251

**WIC  
(Women, Infant, Children)**  
217 W. Center St.  
Marion, Ohio 43302

Phone: (740) 383-5533  
Fax: (740) 383-5206

Web Site: [www.marionpublichealth.org](http://www.marionpublichealth.org)

## COMPLAINT FORM

**Please print or type the information needed below:**

Name of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

Name of person complaint is against: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(use back if more space if needed)

\_\_\_\_\_  
Signature of Complainant

### - HEALTH DEPARTMENT USE ONLY -

Complaint Number: \_\_\_\_\_

Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of Notice given: \_\_\_\_\_ Written \_\_\_\_\_ Verbal \_\_\_\_\_ Posting

Date reinspection made: \_\_\_\_\_ By: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

