

COMPLAINT FORM
ENVIRONMENTAL CONDITIONS NOTIFICATION
STONE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL SERVICES
109 E 4th St, Galena, MO. 65656
PHONE 417 357-8200

IT IS NECESSARY TO FILL OUT ALL AREAS OF THIS FORM, OTHERWISE AN INVESTIGATION MAY NOT BE CONDUCTED

PERSON CAUSING THE CONDITION _____

ADDRESS _____ **PHONE** _____

(STREET)

(CITY)

(STATE)

(POSTAL CODE)

DESCRIBE THE COMPLAINT _____

DATE CONDITION OBSERVED _____

DIRECTIONS TO THE SITE _____

PERSON SUBMITTING THIS FORM _____

ADDRESS _____ **PHONE** _____

(STREET)

(CITY)

(STATE)

(POSTAL CODE)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE

SIGNED _____ **DATE** _____

Your name may become known during the investigation process or you may be subpoenaed to testify in a court proceeding furthermore I attest that I lawfully observed the conditions as described.

THIS IS A PUBLIC DOCUMENT
EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER