



ENVIRONMENTAL HEALTH CONSORTIUM
 Cudahy • South Milwaukee • St. Francis



Public Health
Prevent. Promote. Protect.

CITIZEN COMPLAINT / REFERRAL FORM

DATE: _____ PROPERTY ADDRESS: _____

COMPLAINT MADE BY:

PROPERTY OWNER (OR DBA):

Name

Name

Contact Address

Contact Address

Telephone

Telephone

E-Mail

E-Mail

NATURE OF PROBLEM

Submit form to the Environmental Health Consortium at: South Milwaukee Health Department Ph. 414-768-8055
 2424 15th Avenue Fax 414-768-5720
 South Milwaukee, WI 53172

COMPLAINT TAKEN BY: _____
NAME / DEPARTMENT

COMPLAINT REFERRED TO: _____
NAME / DEPARTMENT

NAME / DEPARTMENT

PLEASE INDICATE ACTION REQUIRED AND/OR TAKEN AND RETURN TO THE APPROPRIATE
 HEALTH OFFICER **WITHIN TEN (10) WORKING DAYS.**

Date	Action Taken

Written Orders	Verbal Orders	Citations	Advised	Not Verified	Case Closed
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>