

# ENVIRONMENTAL HEALTH CONSORTIUM

( Cudahy •  South Milwaukee •  St. Francis)

## CITIZEN COMPLAINT / REFERRAL FORM

(Complete/print form, and return it to the South Milwaukee Health Dept. in person, by mail or fax, 414-768-5720.)

Date \_\_\_\_\_ Time \_\_\_\_\_

COMPLAINT MADE BY \_\_\_\_\_  
NAME

ADDRESS

TELEPHONE

PROPERTY ADDRESS \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_  
NAME

ADDRESS

TELEPHONE

NATURE OF PROBLEM \_\_\_\_\_

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### FOR OFFICE USE

COMPLAINT TAKEN BY \_\_\_\_\_  
NAME/DEPARTMENT

COMPLAINT REFERRED TO \_\_\_\_\_  
NAME/DEPARTMENT

ACTION TAKEN

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