



ENVIRONMENTAL HEALTH DIVISION
YOUNGSTOWN CITY HEALTH DISTRICT
9 WEST FRONT STREET SUITE 207 YOUNGSTOWN, OH 44503
(330) 743-3333 EXT. 230

COMPLAINT FORM

****This form must be FULLY COMPLETED AND SIGNED before an investigation will be made.****

LOCATION OF COMPLAINT: _____

NAME OF OCCUPANT(S): _____

NAME OF OWNER: _____

IS HOUSE VACANT? _____

WHAT IS YOUR COMPLAINT? _____

HAVE YOU COMPLAINED TO ANY OTHER CITY DEPARTMENT? _____ IF SO, WHICH ONE? _____

PERSON MAKING COMPLAINT: _____ PHONE NUMBER: _____

YOUR ADDRESS: _____

SIGNATURE OF PERSON MAKING COMPLAINT: _____ DATE: _____

This form is a public record, and may be subject to disclosure upon a public record request or as required by a judicial order (Ohio public records law - ORC #149.43)