

COMPLAINT #: \_\_\_\_\_

Lincoln County Department of Environmental Health

STAMP DATE RCVD: \_\_\_\_\_

115 W. Main St. Lincolnton, NC 28092

p 704-736-8426 f 704-736-8427

\*\*\*NOTICE: THIS FORM IS PUBLIC RECORD\*\*\*

COMPLAINT RECEIVED BY:  email  mail  fax  in-person

**ENVIRONMENTAL HEALTH COMPLAINT FORM**

REASON FOR INVESTIGATION:  food or lodging  pools or tattooing  child day care or school

other, explain: \_\_\_\_\_

NAME OF ESTABLISHMENT / PROPERTY OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS OF ESTABLISHMENT / PROPERTY: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ / \_\_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

DATE INCIDENT OCCURRED: \_\_\_\_\_

TIME INCIDENT OCCURRED: \_\_\_\_\_ : \_\_\_\_\_  AM  PM

DID YOU ADDRESS ISSUE WITH OWNER / MANAGER / TENANT:  YES  NO

IF YES, WHO DID YOU SPEAK WITH? \_\_\_\_\_

\*EXPLAIN PROBLEM OR ISSUE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*IF SUSPECTED FOODBORNE ILLNESS, PAGE 2 MUST BE COMPLETED**

**ENVIRONMENTAL HEALTH DEPARTMENT USE ONLY**

INVESTIGATION DATE: \_\_\_\_\_ PARCEL ID: \_\_\_\_\_

PERSON CONTACTED: \_\_\_\_\_ FACILITY ID NUMBER: 02055 \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ ATTACHMENTS:  YES  NO

CONTACT EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

FINDINGS:  see comment addendum \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACTION TAKEN:  see comment addendum \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF COMPLETION: \_\_\_\_\_ DATE COMPLAINT NOTIFIED: \_\_\_\_\_

COMPLAINANT NOTIFIED BY:  phone  email  Letter  request not to be notified

INVESTIGATED BY: \_\_\_\_\_

Report Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Completed & Closed: