

Environmental Health Complaint Form



This form is to be used to report your public health ordinance complaint. In order for your complaint to be considered a human health hazard it must meet at least one or more of the following criteria:

- Affects the public
- Affects health (i.e. is there a real or potential health risk?)
- Causes or can be expected to cause transmission of disease
- Causes or could potentially cause trauma or injury to the public
- Causes or could potentially cause an exposure to hazardous elements that could adversely affect the health of the public
- Regards an unsafe or potentially unsafe structural or environmental condition

Please provide as much detail as possible so we may conduct a thorough investigation. **Be aware that this is a public document, we do not accept anonymous complaints.** To submit your complaint, send this form via email to ph@co.richland.wi.us or drop off the form to Richland County Health and Human Services building at 221 W. Seminary St. Richland Center, WI 53581. Public Health staff will review your complaint and follow-up within two weeks if public health investigation is necessary.

Complainant

| | |
|---------------------|--|
| Full Name | |
| Residential Address | |
| Phone Number | |

Complaint Against

| | |
|---------------------|--|
| Party Name | |
| Residential Address | |
| Phone Number | |

Description of Health Hazard

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☐ By checking the box to the left, I acknowledge and understand that the details of this document may be made public.

Complainant Signature

Date

221 West Seminary Street • Richland Center, WI • 53581
Phone: (608) 647-8821 • Fax: (608) 647-6611
E-Mail: rchhs@co.richland.wi.us