



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
COMPLAINT INVESTIGATION RECORD

OFFICE USE ONLY	
DATE RECEIVED	EH PROGRAM
	<input type="checkbox"/> FOOD
COMPLAINT #	<input type="checkbox"/> WATER
	<input type="checkbox"/> LODGING
	<input type="checkbox"/> ONSITE
	<input type="checkbox"/> OTHER

COMPLAINANT NAME (FIRST, MI, LAST)		TELEPHONE NUMBER
COMPLAINANT ADDRESS (STREET, CITY, STATE, ZIP)		
SUBJECT NAME (FIRST, MI, LAST)		TELEPHONE NUMBER
SUBJECT MAILING ADDRESS (STREET, CITY, STATE, ZIP)		
SUBJECT SITE ADDRESS (IF DIFFERENT FROM SUBJECT MAILING ADDRESS)		
NATURE OF COMPLAINT		

RECEIVED BY	REFERRED BY
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COMPLAINT INVESTIGATION	DATE:
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INVESTIGATION RESULTS (ATTACH ADDITIONAL PAGES IF NECESSARY)

ACTION TAKEN	DATE:

FINAL DISPOSITION OF COMPLAINT	DATE:

INVESTIGATOR'S SIGNATURE	PRINT NAME	COMPLAINT CLOSED DATE
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