

## Complaint Form

**Complainant:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_(Home) \_\_\_\_\_(Work)

**Signature:** \_\_\_\_\_  
Complainant Date

**Nature of Complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location of Complaint – Town/Village** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Directions to Location:** \_\_\_\_\_

**Landowner/Responsible Party:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_(Home) \_\_\_\_\_(Work)

If Residential Property, is Occupancy: Year Round: \_\_\_\_\_ Seasonal: \_\_\_\_\_

If Rental Property – Name of Occupant(s): \_\_\_\_\_

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Sanitarian: \_\_\_\_\_

Complaint Resolved – Yes: \_\_\_\_\_ No: \_\_\_\_\_ If “yes”, Date Resolved \_\_\_\_\_

Trained staff will review the information submitted and an investigation will be opened. Complaints that are founded will be addressed through channels approved by the Allegany County Board of Health. The ACDOH can only address issues within its scope and jurisdiction. This is a legal process, with varying timelines for completion. The ACDOH is not able to comment on cases pending litigation, and may not be able to offer updates on the specific complaint. Complaints are investigated in order of priorities as it pertains to public health and safety. The complainant must sign, print, and date each form. Please provide a valid phone number in case further information for the complaint is needed.