



COMPLAINT FORM
Mahoning County District Board of Health
50 Westchester Drive
Austintown, Ohio 44515
(330) 270-2855
Fax: (330) 270-2859

Date: _____

This is a public record. Any information you submit on this form is available for public review. The District Board of Health will not accept anonymous or unsigned complaints.

Complaints about properties in the city of Youngstown must be directed to the Youngstown City Health District at 330-743-3333

ADDRESS AT WHICH PROBLEM EXISTS: _____

Person Making Complaint _____

Address _____ City _____ Zip _____

Phone Number _____ Township _____

Party Causing Complaint _____

Address _____ City _____ Zip _____

Phone Number _____ Township _____

State Complaint Here:

Signature of Complainant

INFORMATION MUST BE COMPLETE AND FORM MUST BE SIGNED BEFORE INVESTIGATION IS MADE

Complaint Number (for office use only) _____

Revised 2/16/11