



LINCOLN COUNTY HEALTH DEPARTMENT COMPLAINT REPORT

Date: _____ Time: _____
Name: _____ Telephone Number: _____
Address: _____

Complaint: _____

Complaint Location:

Name of Facility (if applicable): _____
Address: _____
Telephone Number: _____

Property Owner Information:

Name: _____
Address: _____
Telephone Number: _____

If mailing, please send to Lincoln County Health Department, 607 N Sales St, Suite 101, Merrill, WI 54452

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For Office Use Only

Received by: _____ Date: _____ Time: _____
Assigned to: _____ Town/City: _____
Agency Referred to (if applicable, i.e. LC Zoning, DNR, city inspector): _____
Date Referred: _____ Time Referred: _____

Action Record

Onsite: Y N Date: _____ Time: _____ Photos: Y N Samples: Y N
Verbal Warning: Y N Written Notice: Y N Order Issued: Y N
Compliance Date: _____ Compliance Achieved Date? _____
Voluntary Compliance: Y N Follow-up Required: Y N
No Substance to Complaint: Y N Warrant Required: Y N
Referred to: _____ Case Closed (Date): _____

Comments: _____

Date of Investigation: _____ | EHS Signature: _____
Entered in Database: Y N