## **Gasconade County Health Department Complaint Form** COMPLAINANT NAME **FIRST** MI LAST STREET ADDRESS ZIP CODE TELEPHONE NUMBER CITY STATE SUBJECT NAME **FIRST** MI LAST STREET ADDRESS CITY STATE ZIP CODE TELEPHONE NUMBER COMPLAINANT SIGNATURE DATE TYPE OF COMPLAINT ☐ CHILD CARE ☐ ONSITE WASTEWATER ☐ OTHER ☐ RESTAURANT/FOOD ☐ LODGING \_and date(s) of stay \_ If Lodging, provide room name/number \_ If Onsite Wastewater, draw map to property using a separate sheet of paper. NATURE OF COMPLAINT RECEIVED BY REFERRED TO **COMPLAINT INVESTIGATION (FOR OFFICE USE ONLY)** INVESTIGATION RESULTS (ATTACHED ADDITIONAL PAGES IF NECESSARY) INVESTIGATOR'S SIGNATURE DATE INSTRUCTIONS: Complete and return to: Gasconade County Health Department 300 Schiller Street, Hermann, MO 65041 Email: info@GasconadeCountyHealth.com Fax: 573-486-3745 \*Complainant must complete all information and return to Gasconade County Health Department. NOTE: Legal testimony may be requested regarding this complaint. Section 610 of Missouri State Law (Missouri Sunshine Law) requires that records of government agencies be open to the public. Therefore, this complaint form is accessible to anyone who requests a copy in writing. A summary of the Missouri Sunshine Law is available for review in this office. "This Institution is an Equal Opportunity Provider"