Mason County Health Department



1002 East Laurel Avenue. ■ Havana, Illinois 62644 ■ Phone: (309) 210-0110 ■ Fax: (309) 543-2063

COMPLAINT FORM

Date:	Received by:		Log Number:	
	_FOOD _WATER _SEWAGE	VECTOR OTHER		
Reporter:				
Name of facility of	or individual:			
Address:			Phone:	
Direction to prop	erty:			
Action taken/Sur	nmary:			
Date Site Visited	:	By:	Date Letter Sent:	
Date Complaint I	Forwarded:	Depart	ment(s) Sent to:	