

CLEVELAND DEPARTMENT OF PUBLIC HEALTH
COMPLAINT INTAKE FORM

Date of call ____/____/____ Time of call ____/____

caller's _____ name

Type of facility _____

Address of facility _____

Nature of complaint _____

Person taking the complaint _____

Complaint follow up information

Person/persons handling complaint _____

Was facility visited N Y if yes Date of visit
____/____/____

Time of visit ____:

Description of findings

Based on findings is further action warranted? N Y

if yes describe what actions that were taken
