

KLAMATH COUNTY ENVIRONMENTAL HEALTH

403 Pine Street  
Klamath Falls, OR 97601-6332

COMPLAINT

Date Received: \_\_\_\_\_ Taken By: \_\_\_\_\_

Type Complaint: \_\_\_\_\_

Against: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Directions to Site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes:

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Complainant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date Resolved: \_\_\_\_\_