



**Public Health**  
Prevent. Promote. Protect.

**Wayne County Health Center**  
115 Hickory Street  
PO Box 259  
Greenville MO 63944  
Phone: (573) 224-3218  
Fax: (573) 224-3164

**CITIZEN'S COMPLAINT FORM**

(Check One)    **Food Complaint**         **Sewage Complaint**         **Other Complaint**

**Complainant (Your Name)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Phone(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Complaint is Against**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Phone(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Nature of Complaint :(Date, Time, Item Complaint is Against, Manager Spoken With, etc.)**

Be assured that your complaint will be investigated within 15 days if possible. If sufficient evidence is **not** detected to determine that a law, rule or regulation has been violated, this complaint will be marked '**Insufficient Evidence**' with no further actions being taken at that time.

This complaint may result in civil and or criminal court action being taken against the person or persons named in this complaint. As the Complainant, you must agree to cooperate with the County Prosecuting Attorney, the County Health Department and the Missouri Department of Health and Senior Services in cases where prosecution or other court actions take place. Your signature is required on this complaint form.

This complaint will become a matter of public record. This complaint can and will be shown to concerned citizens who request, in person the contained information by signing a request form to view the file. This information will not be given out by telephone or outside the office the files are kept.

**I have read the above terms and understand and ACCEPT my obligation as the complainant and do hereby submit this complaint.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

The completed form may be mailed to or dropped off at the Wayne County Health Center. If you are unable to print this form, a copy can be mailed to you upon request.

