

Public Health Services

- Children & Youth with
- Special Health Care Needs
- HIV Case Management
- STD/HIV Testing
- HIV Prevention
- Nursing
- WIC



Phone: 573-785-8478
Fax: 573-785-2825
 Communicable/Chronic Diseases
 Environmental Sanitation
 Health Education
 Family Planning
 Immunizations

Serving our community since 1948...
BUTLER COUNTY HEALTH DEPARTMENT
 1619 North Main St.
 Poplar Bluff, MO 63901

CITIZEN'S COMPLAINT FORM

(Check One) **Food Complaint**

Sewage Complaint

Other Complaint

Complainant (Your Name)

Complaint is Against

Name _____

Name _____

Address _____

Address _____

City _____

City _____

Phone (____) _____ - _____

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 at all 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** _____

This form may be mailed or dropped off at the Butler County Health Department. If you are unable to print, copies of this form are available at the Butler County Health Department.

Official Complaint Register # _____ (Completed by the health department)