



Cecil County Health Department  
 Environmental Health Services  
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**FOR OFFICE USE ONLY**

Case #: \_\_\_\_\_  
 Date Rec'd: \_\_\_\_\_  
 Review: \_\_\_\_\_  
 Type of violation:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Assigned to: \_\_\_\_\_  
 Date: \_\_\_\_\_

**ENVIRONMENTAL INVESTIGATION REQUEST**

Location of problem:

\_\_\_\_\_  
 \_\_\_\_\_

Please describe problem/complaint:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Person or business responsible for problem: \_\_\_\_\_

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

Property owner (if different): \_\_\_\_\_

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

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**Note about confidentiality:** *It is the policy of the Health Department to not release the name of a complainant. The section below will be filed separately from the complaint, however, if a court proceeding results from this investigation a judge may order all records to be made available, including the complainants identity. Complaints may be filed anonymously.*

**This form can be submitted in person, by mail, by email or by fax**      Revised 4/14/2022

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Complainant's Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Case No. \_\_\_\_\_