



Somerset County Health Department
8928 Sign Post Road, Suite 2, Westover, Maryland 21871
443.523.1700 – 800.363.8090 – Fax 410.651.5680
TDD 1-800-735-2258
Health Officer: Danielle Weber, MS, RN

COMPLAINT REPORT

Date: _____

Complaint Location: _____

Tax Map: _____ Parcel: _____ Section: _____ Lot: _____ PID: _____

Property Owner: _____ Phone: _____

Complaint Description: _____

If reporting a foodborne illness complaint, please attach a list of the items you have eaten in the past three days, along with how they were obtained/prepared.

Name of Complainant: _____

Phone: _____ Email: _____

Address: _____

I understand that this complaint is a public document and is available for inspection by the public and the media. I do solemnly declare and affirm under the penalties of perjury that the contents of my complaint are true and correct.

Signature: _____ Date: _____