

Pulaski County Health Center Complaint Form

COMPLAINANT NAME			
FIRST	MI	LAST	
STREET ADDRESS			
CITY		STATE	ZIP CODE
			TELEPHONE NUMBER
SUBJECT NAME			
FIRST	MI	LAST	
STREET ADDRESS			
CITY		STATE	ZIP CODE
			TELEPHONE NUMBER
COMPLAINANT SIGNATURE			DATE
TYPE OF COMPLAINT			
<input type="checkbox"/> RESTAURANT/FOOD <input type="checkbox"/> LODGING <input type="checkbox"/> CHILD CARE <input type="checkbox"/> ONSITE WASTEWATER <input type="checkbox"/> OTHER			
If Lodging, provide room name/number _____ and date(s) of stay _____.			
NATURE OF COMPLAINT			
RECEIVED BY		REFERRED TO	
COMPLAINT INVESTIGATION (FOR OFFICE USE ONLY)			
INVESTIGATION RESULTS (ATTACHED ADDITIONAL PAGES IF NECESSARY)			
INVESTIGATOR'S SIGNATURE			DATE
INSTRUCTIONS: Complete and return to: Pulaski County Health Center 104 Ashley May St. PO Box 473, Waynesville, MO 65583 Email: pulaskicountyhealth.com *Complainant must complete all information and return to Pulaski County Health Center.			
NOTE: Legal testimony may be requested regarding this complaint. Section 610 of Missouri State Law (Missouri Sunshine Law) requires that records of government agencies be open to the public. Therefore, this complaint form is accessible to anyone who requests a copy in writing. A summary of the Missouri Sunshine Law is available for review in this office.			
<i>"This Institution is an Equal Opportunity Provider"</i>			