Phone: 417-745-2138

Fax: 417-745-2400

HICKORY CO. HEALTH DEPT.
P. O. Box 21
Hermitage, MO 65668

HICKORY COUNTY HEALTH DEPARTMENT COMPLAINT FORM

DATE: _____

TIME: _____

COMPLAINT AGAINST:

NAME: _____

ADDRESS: _____
(CITY) (COUNTY) (STATE) (ZIP)

PHONE: _____

NATURE OF COMPLAINT:

_____

_____

_____

_____

DIRECTIONS TO SITE:

_____

_____

_____

COMPLAINANT'S NAME: _____

ADDRESS: _____
(CITY) (COUNTY) (STATE) (ZIP)

PHONE: _____

COMPLAINANT'S SIGNATURE: _____

*Complainant's identity is not routinely disclosed unless legal action is necessary.