TAYLOR COUNTY
Health Department

Courthouse Ground Floor
224 S. 2nd Street,
Medford, WI 54451
715-748-1410
www.co.taylor.wi.us/hd
Find us on @TCHDWI

COMPLAINT REPORT
Appendix H1

If you would like to file a complaint, request, or report, doing so will create a public record that is subject to disclosure pursuant to Wisconsin Public Records Law. Complainants name and signature must be included for the complaint to be considered.

Complainant Information

Name_____

Address_____

City_____ State_____ Zip_____

Phone Number_____

Location of Complaint & Occupant/Facility

Name_____

Address_____ City_____

State_____ Zip_____ Township_____

Phone Number_____

Property Owner

Name_____

Address_____

State_____ Zip_____ Township_____

Phone Number_____

Complaint

(if food-borne illness related, please include date eaten, what was eaten, any symptoms, and how long symptoms lasted)

Signature **Date**