



700 Columbine St., Sterling, CO 80751 - (970) 522-3741 - 877-795-0646 - www.nchd.org

**Northeast Colorado Health Department
Environmental Health Division**

COMPLIANCE COMPLAINT FORM

Your Name: _____

Your Address: _____

Your Phone: _____

Address of Alleged Violation: _____

Nature of Alleged Violation: _____

How are you/your property impacted: _____

Have you discussed your concerns with the property owner/occupant/facility? Yes__ No__

If not, please explain why? _____

Northeast Colorado Health Department does not voluntarily release the identity of complainants; however NCHD cannot guarantee the anonymity and confidentiality of persons complaining of violations. Complainants should be aware that the health department may be required to release this information under the Colorado Open Records Act, other laws, or by order of a court.

Signature : _____

(Complaint will not be processed without signature)