



District Headquarters - 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**

****All of the below information is required for the complaint to be processed.****

COMPLAINANT INFORMATION

Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____ County: _____
Email: _____

TYPE OF COMPLAINT

**If you are submitting a foodborne illness complaint, one of our staff members will follow up with you to obtain a detailed history to better understand how you may have become sick. Please think about what you consumed in the 3-5 days before becoming ill, along with any other exposures of interest, including contact with ill persons, animal contact, water exposures, and any travel.

- Retail Food Establishment
- Air Quality
- Child Care Facility
- Body Art
- Onsite Wastewater Treatment System (Septic System)
- Swimming Pool
- Other: _____

COMPLAINT

Facility: _____
Address: _____ City: _____ Zip: _____ County: _____
Date of Incident: _____ Time of Incident: _____
Description of the Complaint: _____

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: _____ Date: _____
(Complaint will not be processed without signature)

NCHD USE ONLY LOG #: _____ Date Report Received: _____