

St. Clair County Health Center

530 Arduser Osceola, Missouri 64776

Phone: (417) 646-8332 Fax: (417) 646-8159

Nancy Stephan CFO / Administrator

COMPLAINT FORM

DATE OF COMPLAINT					
MM/DD/YYYY					
TYPE OF COMPLAINT					
🗆 Food	□ Mold	□ Vector	Childcare	□ Water	□ Other
Septic	\Box Trash	Animal	□ Lodging	\Box Housing	
COMPLAINANT IDENTIFICATION					
NAME					
ADDRESS					
PHONE NUMBER					
AFFILIATION TO COMPLAINT (CONSUMER, EMPLOYEE, NEIGHBOR, ETC.)					
DESCRIPTION OF COMPLAINT					
COMPLAINT AGAINST					
LOCATION OF COMPLA	AINT				
DATE OF OCCURANCE					
NATURE OF COMPLAIN	NT				
HOW THIS EFFECTS MI	E				
ADDITIONAL REMARK	XS				
SIGNATURE OF	COMPLAINANT			DATE	
*You will remain anonymous unless this complaint leads to a court case, in which your name/information will be released.					

Patricia Cleveland, Chairperson * Mary Cook, Vice Chairman * Joe Tucker, Secretary/Treasurer * Bill Creek, Trustee * * Roger Motley, Trustee