



Cochise Health & Social Services

Public Programs...Personal Service
www.cochise.az.gov

Carrie Langley, MSN, MPH, RN-BC
Director

ENVIRONMENTAL HEALTH DIVISION - COMPLAINT FORM

Date: _____

Please complete this form as fully and completely as you possibly can so that an Environmental Health Specialist can quickly and adequately investigate a potential health violation. Your name and any information given by you on this form will become a matter of public record. *

***A.R.S. §41-1010 – Complaints; public record** notwithstanding any other law, a person shall disclose the person's name during the course of reporting an alleged violation of law or rule. During the course of an investigation or enforcement action, the name of the complainant shall be a public record unless the affected agency determines that the release of the complainant's name may result in substantial harm to any person or to the public health or safety.

Upon completion, please mail this form to the nearest health department location, addresses at the bottom.

1. Location of Nuisance: _____
(This information is required to process this complaint form)

a. Describe the location of the nuisance (a map would be helpful): _____

2. Property owner/Responsible party (if known): _____

3. Please describe in your own words the condition or conditions that you believe are a health violation. Tell **WHAT** the condition is, **WHERE** on the property it is located, **HOW LONG** the condition has existed. _____

4. Please give us your name, address and phone number in case we have any questions.
PLEASE NOTE: ANONYMOUS COMPLAINTS MAY BE PROCESSED AT A SLOWER RATE.

Name: _____ **Phone Number:** _____

Address: _____

We will respond to your request as soon as possible based upon priority order. Please note, however, that the owner or occupant of the property being investigated has certain legal "due process" rights, which are provided for under law. Consequently, follow-up on a health code violation does take time.

Main Office 1415 Melody Lane, Bldg. A Bisbee, AZ 85603 520-432-9400 520-432-9480 fax health@cochise.az.gov	Benson 126 W. 5 th St. Benson, AZ 85602 520-586-8200 520-586-2051 fax	Douglas 1012 N. G. Ave., Ste. 101 Douglas, AZ 85607 520-805-5600 520-364-5453 fax	Sierra Vista 4115 E. Foothills Dr. Sierra Vista, AZ 85635 520-803-3900 520-459-8159 fax	Willcox 450 S. Haskell Ave. Willcox, AZ 85643 520-384-7100 520-384-0309
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