

NUMBER _____

ALLEGANY COUNTY HEALTH DEPARTMENT

ALLEGANY HEALTH CENTER
P. O. Box 1745
12500 Willowbrook Road SE
Cumberland, Maryland 21501-1745

SUE V. RAVER, M.D., M.P.H.
Health Officer
Allegany County

An Equal Opportunity Employer
Phone 301-777-5600

ENVIRONMENTAL INVESTIGATION REQUEST

Please fill in as completely as possible all of the sections below. It is very important that you do this so that your complaint can be properly evaluated.
NOTE: Anonymous or unsigned forms will not be accepted.

Return completed form to:
Environmental Health Division
Allegany County Health Department
P. O. Box 1745
Cumberland, MD 21501-1745

YOUR NAME: _____
YOUR ADDRESS: _____
YOUR AREA CODE AND TELEPHONE NUMBER: _____

DESCRIBE THE COMPLAINT: _____

WHO IS RESPONSIBLE? NAME: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER: _____

WHEN DID THIS OCCUR? _____
HAS THIS BEEN A PROBLEM BEFORE? YES _____ NO _____

WHERE DID THIS OCCUR (LOCATION)? _____

DID YOU BECOME ILL? IF SO, WHAT WERE YOUR SYMPTOMS? DID YOU SEEK MEDICAL TREATMENT? IF SO, FROM WHOM? WERE OTHER PEOPLE AFFECTED?

ADD ANY ADDITIONAL DETAILS YOU FEEL ARE IMPORTANT. (ATTACH ADDITIONAL DOCUMENTATION IF NEEDED)

UNDER THE PENALTIES OF PERJURY, I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE.

NAME DATE