



KENT CITY HEALTH DEPARTMENT

414 E. MAIN ST., P.O BOX 5192, KENT, OH 44240 (330) 678-8109 FAX (330) 678-2082

SERVICE REQUEST - INTAKE FORM

C - _____

Would you like the Kent City Health Department to contact you?

- The inspector may contact me for more information.
- I want to be contacted by the inspector with the results.
- Please do not contact me about this request.
- I would like to remain anonymous and will not automatically receive updates (Proceed to section II)

I. PERSON REPORTING INFORMATION (optional)

Name: _____

Phone () _____ - _____ Email: _____

Street Address: _____

City, State, Zip Code: _____

II. FACILITY/HOME OWNER INFORMATION (location of concern)

Facility/Owner Name/Location: _____

Street Address/Intersection: _____ Apt/Room #: _____

Phone () _____ - _____

III. DETAILS (required information)

Date of incident (month/day/year) _____/_____/_____ Approximate Time _____: _____ AM/ PM

What is the problem? **(Be as descriptive as possible with who, what, when, where, why, and how)**

How long has the problem been occurring? _____

What is the location of the problem (i.e. employee in kitchen not wearing gloves, Trash in the yard)?

Are there dogs or other safety hazards the sanitarian needs to be aware of? _____

Have you notified the owner/manager of this issue? What was their response?

Do you have any photos or other media you would like to share? Yes or No

Office Use only: Information verified [] Complaint entered into HealthSpace [] Supervisor was notified []

www.kentpublichealth.org

