# Moniteau County Health Center
## Complaint Form

**COMPLAINANT NAME**

<table>
<thead>
<tr>
<th>FIRST</th>
<th>MI</th>
<th>LAST</th>
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</table>

**STREET ADDRESS**

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>TELEPHONE NUMBER</th>
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**SUBJECT NAME**

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**COMPLAINANT SIGNATURE**

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**TYPE OF COMPLAINT**

- [ ] RESTAURANT/FOOD
- [ ] LODGING
- [ ] CHILD CARE
- [ ] ONSITE WASTEWATER
- [ ] OTHER

If Lodging, provide room name/number __________________________ and date(s) of stay __________________________.

If Onsite Wastewater, draw map to property using a separate sheet of paper.

**NATURE OF COMPLAINT**


**RECEIVED BY**

**REFERRED TO**

**COMPLAINT INVESTIGATION (FOR OFFICE USE ONLY)**

**INVESTIGATION RESULTS (ATTACHED ADDITIONAL PAGES IF NECESSARY)**


**INVESTIGATOR’S SIGNATURE**

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**INSTRUCTIONS:**

Complete and return to: Moniteau County Health Center

401 S. Francis St., California, MO  65018

Fax: 573-796-8364  
Email: andrea@moniteaucountyhealth.com

*Complainant must complete all information and return to Moniteau County Health Center.*

**NOTE:** Legal testimony may be requested regarding this complaint. Section 610 of Missouri State Law (Missouri Sunshine Law) requires that records of government agencies be open to the public. Therefore, this complaint form is accessible to anyone who requests a copy in writing. A summary of the Missouri Sunshine Law is available for review in this office.

*This Institution is an Equal Opportunity Provider*