Moniteau County Health Center
Complaint Form

COMPLAINANT NAME	FIRST	MI	LAST
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
SUBJECT NAME	FIRST	MI	LAST
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
COMPLAINANT SIGNATURE			DATE

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	DATE

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.

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