



SAGINAW COUNTY DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH SERVICES
 1600 N. MICHIGAN AVENUE, ROOM 101
 SAGINAW, MI 48602
 PH: (989) 758-3686 • FAX: (989) 758-3711
www.saginawpublichealth.org

CLEAN INDOOR AIR REGULATION COMPLAINT FORM

Please complete the top portion of this form and mail or fax to the address or number above.
 (Please type or print)

Date of Complaint: _____

Facility Individual(s) Name: _____ Phone Number: _____

Address: _____
Street City ZIP Code

Responsible Person: _____ Title: _____

Complaint: _____

Complainant Name: _____ Phone Number: _____

Address: _____
Street City State ZIP Code

Complainant Signature _____

FOR HEALTH DEPARTMENT USE ONLY

Received By: _____ Complaint Number _____

Person Contacted: _____ Date: _____

Documentation: _____

Regulation Packet Given? Yes No Date: _____

Date of Site Visit: _____ Date of Follow-up Visit: _____

Corrective Action Required: _____

Action Taken: _____

(Additional pages may be attached.)

Investigation Completed By: _____
Environmental Health Representative Signature

Complainant Notified? Yes No Date: _____

All complaints will be acted upon within five (5) business days.
 All parties to the complaint will be informed upon resolution of the complaint.