

**MONTGOMERY COUNTY HEALTH SERVICES
COMPLAINT FORM**

Dept. Use Only
Complaint #:

Date Received:

Mail To:
Montgomery County Health Services
301 N. Thompson • Suite #206 • Conroe, Texas 77301
936-539-7839 • Fax 936-788-8388
www.co.montgomery.tx.us

NOTICE

Under the Texas Public Information Act, the complainant's identity is subject to being revealed.

TYPE OF COMPLAINT:

(Indicate what type: Sewage Discharge, Garbage, Public Nuisance, ect.)

A. You, as the complaining party: (Type or print legibly)

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: Work - _____ Home- _____

Fax - _____ E-mail - _____

B. The person, firm or building/facility you are complaining about:

Name: _____

Company or Facility Name: _____

Physical Address: _____ Key Map: _____

Mailing Address: _____

Telephone: Office - _____ FAX - _____

C. Please answer the following questions:

1. Have you complained to the person / business directly? Yes No Date(s): _____
2. Have you complained to the person / business in writing? Yes No If yes, did you attach a copy? Yes No
3. Have you ever filed a complaint with Montgomery County Health Services before? Yes No
4. Have you contacted another agency? Yes No If yes, which? _____

Notice: If you have an open complaint on file, it is NOT necessary to file a second on the same matter.

