



**Public Health**  
Prevent. Promote. Protect.  
Tuscarawas County  
Health Department

## Client Complaint Form

Client's Name: \_\_\_\_\_

Client's Address: \_\_\_\_\_

\_\_\_\_\_

Client's Phone Number: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_


Description of Complaint:



Health Department Staff Involved:


Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return to 897 East Iron Avenue Dover, Ohio 44622*

*Attention: Health Commissioner*

 897 E. Iron Ave.  
Dover, OH 44622

 (330) 343-5555  
 (330) 343-1601

 [www.tchdnw.org](http://www.tchdnw.org)  
 [director@tchdnw.org](mailto:director@tchdnw.org)

