

# DIEGO MARTIN REGIONAL CORPORATION

## Public Health Department

Ref # \_\_\_\_\_

### **COMPLAINTS FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

COMPLAINT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Officer Receiving Complaint

\_\_\_\_\_  
Date

-----  
**For Official Use Only**

Details of Action Taken

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_