



NUMBER: _____

Allegany County

HEALTH DEPARTMENT

"Healthy People, Healthy Communities"



Gena M. Spear, Health Officer
12501-12503 Willowbrook Road, SE
Cumberland, MD 21501-1745

301-759-5000 Phone
1-866-909-9629 Toll Free
<https://health.maryland.gov/allegany>

ENVIRONMENTAL INVESTIGATION REQUEST

Please fill in as completely as possible all of the sections below. It is very important that you do this so that your complaint can be properly evaluated.

NOTE: Anonymous or unsigned forms will not be accepted.

Return completed form to:

Environmental Health Division
Allegany County Health Department
P. O. Box 1745
Cumberland, MD 21501-1745

YOUR NAME: _____
YOUR ADDRESS: _____
YOUR AREA CODE AND TELEPHONE NUMBER: _____

DESCRIBE THE COMPLAINT: _____

WHO IS RESPONSIBLE? NAME: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER: _____

WHEN DID THIS OCCUR? _____
HAS THIS BEEN A PROBLEM BEFORE? YES _____ NO _____

WHERE DID THIS OCCUR (LOCATION)? _____

DID YOU BECOME ILL? IF SO, WHAT WERE YOUR SYMPTOMS? DID YOU SEEK MEDICAL TREATMENT? IF SO, FROM WHOM? WERE OTHER PEOPLE AFFECTED? _____

ADD ANY ADDITIONAL DETAILS YOU FEEL ARE IMPORTANT. (ATTACH ADDITIONAL DOCUMENTATION IF NEEDED)

UNDER THE PENALTIES OF PERJURY, I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE.

NAME _____

DATE _____

COMPLAINT NO.: _____ RECEIVED BY: _____
DATE COMPLAINT RECEIVED: _____ ASSIGNED BY: _____
DATE OF INCIDENT: _____ ASSIGNED TO: _____
TIME OF INCIDENT: _____

☐ IMMEDIATE ☐ PRIORITY 1 ☐ PRIORITY 2 ☐ PRIORITY 3

COMPLAINT REPORTED: ☐ SIGNED COMPLAINT FORM ☐ TELEPHONE CALL
☐ OFFICE VISIT ☐ OBSERVATION
☐ AGENCY REFERRAL ☐ OTHER

TYPE OF COMPLAINT (USE ONE OF THE FOLLOWING CODES): _____

AQ – Air Quality
DU – Dumping
DR – Drainage Water
REC – Pools/Beaches

SW – Sewage
HP – Housing/Property
AN – Animals
IAQ – Indoor Air Quality

FD – Food
WA – Drinking Water
VE – Vermin
OT – Other

COMPLAINT REFERRED TO: _____

VIOLATOR: NAME: _____ ☐ OWNER
ADDRESS: _____ ☐ AGENT
TELEPHONE: _____ ☐ TENANT

DESCRIPTION OF COMPLAINT: _____

RESULTS OF INVESTIGATION (PLEASE APPEND AS MANY SPECIALIZED FORMS, LABORATORY SAMPLE REPORTS, COPIES OF LETTERS TO COMPLAINANT AND VIOLATOR, AND OTHER SUCH DOCUMENTS AS ARE NECESSARY)

ACTION CODES FOR COMPUTER USE: 1=NO ACTION; 2=TELEPHONE; 3=LETTER; 4=SITE VISIT; 5=INFORMAL CONFERENCE; 6=ADMINISTRATIVE CONFERENCE; 7=COURT; 8=REFERRAL TO OTHER AGENCY

TOTAL TIME (IN HOURS) TO COMPLETE INVESTIGATION: _____ CODES: _____

SANITARIAN

DATE