

**FREMONT COUNTY
DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT**



**201 N 6TH STREET
CANON CITY, CO 81212
(719) 276-7450 FAX NUMBER (719) 276-7451
fdphe@fremontco.com**

COMPLAINT FORM

FIRM ID# (if applicable) _____ Page 1 of _____

COMPLAINANT INFORMATION

Date	Time	Violation Number
Complainant Name		
Complainant Address		
Complainant Home Phone	Complainant Work Phone	Complainant Cell Phone
E-Mail	In person <input type="checkbox"/> By phone <input type="checkbox"/> E mail <input type="checkbox"/>	
Type of complaint		

**DESCRIBE VIOLATION IN DETAIL
attach additional pages if necessary**

Name of Establishment, Business or Individual
Address of Violation (If Known)
Describe Violation

I UNDERSTAND THAT THIS FORM WILL BECOME PART OF THE FILE FOR THIS COMPLAINT AND MAY BECOME COURT EVIDENCE IF NECESSARY.

SIGNED _____ DATE _____