



NAVAJO COUNTY PUBLIC HEALTH SERVICES DISTRICT  
DEPARTMENT OF ENVIRONMENTAL HEALTH

## Citizen Complaint Form

Fill out the required fields in the form below and click on the submit button. 

### Complaint Information

Business Name (if applicable):

Person Name (if applicable):

Street:

City:

Zip Code:

Phone Number:

E-Mail:

Complaint Details:

### Complainant Information

Person (First, Last):

Street:

City:

Zip Code:

Phone Number:

E-Mail:

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Date Received: \_\_\_\_\_

OFFICE USE ONLY

Investigation Details:

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Investigator: \_\_\_\_\_

Date Closed: \_\_\_\_\_