



# KENT CITY HEALTH DEPARTMENT

201-G EAST ERIE STREET, KENT OH 44240 (330) 678-8109 Fax (330) 678-2082



## SERVICE REQUEST – INTAKE FORM

#C \_\_\_\_\_ - \_\_\_\_\_

Would you like the Kent City Health Department to contact you?

- The inspector may contact me for more information.
- I want to be contacted by the inspector with the results.
- Please do not contact me about this request.
- I would like to remain anonymous and will not automatically receive updates (Proceed to section II)

### I. PERSON REPORTING INFORMATION (optional)

Name: \_\_\_\_\_

Phone (     ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

### II. FACILITY/HOME OWNER INFORMATION (location of concern)

Facility/Owner Name/Location: \_\_\_\_\_

Street Address/Intersection: \_\_\_\_\_ Apt/Room #: \_\_\_\_\_

Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

### III. DETAILS (required information)

Date of incident (month/day/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Approximate Time \_\_\_\_\_: \_\_\_\_\_ AM/ PM

What is the problem? (Be as descriptive as possible with who, what, when, where, why, and how)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has the problem been occurring? \_\_\_\_\_

What is the location of the problem (i.e. employee in kitchen not wearing gloves, Trash in the yard)?

\_\_\_\_\_

Are there dogs or other safety hazards the sanitarian needs to be aware of? \_\_\_\_\_

Have you notified the owner/manager of this issue? What was their response?

\_\_\_\_\_

Do you have any photos or other media you would like to share? Yes or No

Office Use only: Information verified [ ] Complaint entered into HealthSpace [ ] Supervisor was notified [ ]

