



BELL COUNTY PUBLIC HEALTH DISTRICT
Complaint Form *For Insect / Rodent*

DATE

Date Complaint Taken _____

Name _____

Taken By _____

Date Inspected _____

COMPLAINT

Name _____

Phone _____

Address _____

Contact Complainant _____

COMPLAINT AGAINST

Name _____

Phone _____

Address _____

City _____

NATURE OF COMPLAINT

ACTION TAKEN

FOR SECRETARIAL USE ONLY

Complete Date _____ Follow-Up Date _____ Inspector _____