



**Somerset County Health Department**  
8928 Sign Post Road, Suite 2, Westover, Maryland 21871  
443.523.1700 – 800.363.8090 – Fax 410.651.5680  
TDD 1-800-735-2258  
Health Officer: Danielle Weber, MS, RN

## Complaint Report

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

Complaint Location: \_\_\_\_\_  
\_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Section: \_\_\_\_\_ Lot: \_\_\_\_\_ PID: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Complaint Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If reporting a foodborne illness complaint, please attach a list of the items you have eaten in the past three days, along with how they were obtained/prepared.**

Name of Complainant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

*I understand that this complaint is a public document and is available for inspection by the public and the media. I do solemnly declare and affirm under the penalties of perjury that the contents of my complaint are true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_