



ENVIRONMENTAL HEALTH SECTION
106 EAST MORGAN STREET
SUITE 105
BREVARD, NC 28712
828.884.3139 FAX: 828.884.3259
transylvaniahealth.org

Complaint Form

(All information is public record.)

Date \_\_\_\_\_

Do you wish to remain anonymous? YES NO (if yes do not enter name & telephone)

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Is your complaint in regard to:

- \_\_\_ Inspected Restaurant/Food
\_\_\_ Vector/Rodents/Mosquitos
\_\_\_ Onsite Wastewater (Septic System)
\_\_\_ Lead
\_\_\_ Inspected Lodging Facility
\_\_\_ Garbage

Name of Establishment \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Street Address of Property being complained about \_\_\_\_\_

Driving Directions to Property (if not establishment)

Multiple horizontal lines for driving directions

Describe your complaint in detail: (including date and time of service if an establishment)

Multiple horizontal lines for complaint description