



REQUEST NO. \_\_\_\_\_

## CLEAN INDOOR AIR REGULATION COMPLAINT FORM

YOUR NAME \_\_\_\_\_ *YOUR IDENTITY WILL REMAIN CONFIDENTIAL*

ADDRESS \_\_\_\_\_

CITY / ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**COMPLAINT AGAINST:**

COMPANY \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**NATURE OF COMPLAINT:**


**OFFICE USE ONLY**

Received By:	Time:	Date:
Assigned To:	Time:	Date:
Environmental Health Findings:		
Corrective Action Needed / Taken:		
Request Closed – Initials:	Time:	Date:

**Please return this form by mail or fax to:**

Wayne County Department of Public Health  
Environmental Health Division  
5454 S. Venoy  
Wayne, MI 48184

(734) 727-7421 - Fax  
(734) 727-7438 - Phone