



**Rusk County Health & Human Services
Public Health Department
Environmental Health Section**



311 MINER AVE. E, SUITE C220, LADYSMITH, WI 54848

PHONE: 715-532-2299 FAX: 715-532-2217

COMPLAINT FORM

Today's Date: _____

Location of where complaint existed or was observed:

Complaint regarding (Name): _____ Phone Number: _____

Landlord Property manager Property Owner Other: _____

Address: _____

Did you contact Landlord/ Property Owner: Yes No

Dates/ Times/ Methods: _____

Date and Time incident/condition existed or was observed:

Complaint (Be as detailed as possible):

For more room, continue on back of page →

Complainant's Information: *(must be filled in)*

Yes No (Complainant's request to remain anonymous)

Name: _____

Phone: _____

Address: _____

