



COMPLAINT FORM
Mahoning County Public Health
50 Westchester Drive
Austintown, Ohio 44515
(330) 270-2855
Fax: (330) 270-2859

Date: _____

**This is a public record. Any information you submit on this form is available for public review.
Mahoning County Public Health will not accept anonymous or unsigned complaints.**

**Complaints about properties in the city of Youngstown must be directed to the
Youngstown City Health District at 330-743-3333**

ADDRESS AT WHICH PROBLEM EXISTS: _____

Person Making Complaint _____

Address _____ City _____ Zip _____

Phone Number _____ Township _____

Party Causing Complaint _____

Address _____ City _____ Zip _____

Phone Number _____ Township _____

State Complaint Here:

Signature of Complainant

**INFORMATION MUST BE COMPLETE AND FORM MUST BE SIGNED BEFORE INVESTIGATION IS
MADE**

Complaint Number (for office use only) _____

Revised 7/25/19