

Complaint Form

Name: _____

Date: _____

Address: _____

Phone Number: _____

Email: _____

Please state reason for complaint:

Print Name: _____

Signature: _____

Date: _____

Please submit the completed Complaint Form to:

Robin Hodgkin, Director
 Imperial County Public Health Department
 935 Broadway
 El Centro, CA 92243
 or
 Email: robinhodgkin@co.imperial.ca.us
 or
 Fax: (760) 352-9933

Imperial County Public Health Department, Division of Environmental Health
 797 Main Street, Suite B, El Centro CA 92243
 Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org