

Complaint Form

Name:/Buisness Name(if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please state reason for complaint:

Multiple horizontal lines for writing the reason for the complaint.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit the completed Complaint Form to:

Janette Angulo, MPA, Director  
Imperial County Public Health Department

935 Broadway  
El Centro, CA 92243

or

Email: [janetteangulo@co.imperial.ca.us](mailto:janetteangulo@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  
[www.icphd.org](http://www.icphd.org)