



**Public Health**  
Prevent. Promote. Protect.  
**Tuscarawas County  
Health Department**

## Client Complaint Form

Client's Name: \_\_\_\_\_

Client's Address: \_\_\_\_\_

Client's Phone Number: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_

Description of Complaint:

Health Department Staff Involved:

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

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

***Please return to 897 East Iron Avenue Dover, Ohio 44622  
Attention: Health Commissioner***



897 E. Iron Ave.  
Dover, OH 44622



(330) 343-5555  
(330) 343-1601



www.tchdnow.org  
director@tchdnow.org

