

Environmental Complaint Form

To submit a complaint to the Division of Environmental Health, please complete this form as accurately as possible. Use your mouse or the Tab key on your keyboard to fill in the boxes with the information.

Then save this form on your computer. Attach this form and email to:

dhmh-dl-calchd-environmentalhealthcchd@maryland.gov

Date of Complaint:

Your Name*:

Your Address:

Your City:

Your Zip Code:

Your Telephone Number:

Nature of Complaint: (please choose one)

Bathing Beach

Campground

Mobile Home Park

Air Quality

Tattoo Shop

Public Swimming Pool

Rabies

Sewage Overflow

Food Safety

Water

Pet Store

Other

Location of Complaint:

Complaint Details:

* **A word about confidentiality:** The Health Department accepts complaints from anonymous sources, but an anonymous complainant will not receive follow-up information on the progress of an investigation. A complainant who is willing to provide their name and address or phone number can request to be informed about the course of enforcement actions, but their identity will be included in the public record of the complaint, which is available for public review.