Statement of Complaint

State Board of Sanitarian Registration
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108
E-mail: stephanie.youst@exchange.state.oh.us
Web Address: http://sanitarian.ohio.gov

Name of Complainant: (First & Last)	Daytime Phone w/ Area Code and Ext:
Mailing Address:	City, State, Zip

Complaint Filed Against (First & Last Name):	Daytime Phone w/ Area Code and Ext:
Mailing Address:	City, State, Zip
Date(s) of alleged offense(s):	Location(s) of alleged offense(s):

What action would you recommend the Ohio State Board of Sanitarian Registration take regarding your complaint?		
Are you willing to testify in an administrative hearing, if necessary?	◯ Yes	◯ No

Statement of Complaint: Please include the sequence of events surrounding your complaint, date of occurrence, name of witnesses, and any documents related to your complaint. If additional space is needed, please attach a separate sheet of paper.

By signing this complaint, I assert that all information presented in this document is true and accurate to the best of my knowledge.

_____ _____

Signature Date

Return the completed form and any additional documentation to the Board address listed above.