

**Mercer County – Celina City Health Department
Complaint Reporting Form**

Location of problem: _____

Description of problem: _____

Property owner of location listed above (if known): _____

If desired, you may list your name here to be contacted by the health department with inspection findings or results:

Name: _____

Phone number: _____

A sanitarian will determine if the complaint meets the criteria necessitating a formal inspection.

If a formal inspection of the complaint is required, such will be done as soon as possible, bearing in mind the risk associated with the complaint. The higher the health risk, the higher the priority granted to promptness of the inspection.

A follow up inspection will be performed, if necessary, to determine compliance with violation correction orders.

Please drop this form in the mail or in person to: Mercer County Health Department
220 W. Livingston St.
B152
Celina, OH 45822

