



Health
Department

Environmental Health Services Division
43525 Elizabeth Road
Mount Clemens, Michigan 48043-1078
Phone: 586-469-5236 Fax: 586-469-6534
www.macombgov.org/health

Alleged Violator Information:

Name of Business: _____

Address: _____

City: _____

Dates of stay: _____ Room number: _____

Please describe the violation (s), location of violation and date of violation observed and any other information that will clarify the complaint:

Please describe any steps you took to bring the violation to the attention of the owner/operator of the business:

Required Information:

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Complainant's
Signature: _____ Date: _____

Note: Knowingly providing false or misleading information is an illegal action and punishable under law.