



HEALTH DEPARTMENT
Mount Clemens Health Center
43525 Elizabeth Road
Mount Clemens, MI 48043
PH 586-469-5236 FAX 586-469-6534
www.macombgov.org/environmental-health-services

Alleged Violator Information:

Name of Business _____

Address _____

City _____

Type of Business: Food Service Establishment General Workplace

Date violation observed _____ Time of day observed _____

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 _____

Please email completed complaint form to: environmental.health@macombgov.org

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