



Newton Environmental Health Services

1113 Usher Street - Suite 303

Covington, GA 30014

Phone: 770.784.2121

Fax: 770.784.2129

www.gnrhealth.com

Facility Complaint Record

File Number: _____

No action can be taken by the Environmental Health Section of the Newton County Board of Health until this form is completely filled out, signed and returned to the address above. Please type or print all information except your signature.

Type of Facility (Check One): _____ Food Service Establishment
_____ Public Swimming Pool
_____ Tourist Accommodation
_____ Body Crafting Studio

Date of Complainant's Visit to Facility: _____

Name of Facility: _____

Address of Facility: _____

Specifics of Complaint: _____

I hereby certify that the conditions described above are correct and agree to appear in court as a witness if the situation so warrants.

Today's Date: _____

Name (Printed): _____

Name (Signed): _____

Address: _____

Home Telephone: (____)-____-____ Daytime Telephone Number: (____)-____-____