



Texas Department of State Health Services
Division for Regulatory Services
Environmental & Consumer Safety
Complaint / Technical Assistance Request Form

Co. _____
No. _____

Types:	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Hazard Communication	<input type="checkbox"/> Lodging	<input type="checkbox"/> Pesticide Applicator	<input type="checkbox"/> School
	<input type="checkbox"/> AVC	<input type="checkbox"/> Hazard Products	<input type="checkbox"/> Manufactured Food	<input type="checkbox"/> Playground	<input type="checkbox"/> Shellfish Sanitation
	<input type="checkbox"/> Bedding	<input type="checkbox"/> Indoor Air	<input type="checkbox"/> Migrant Housing	<input type="checkbox"/> Pool	<input type="checkbox"/> Vector Control
	<input type="checkbox"/> Child Care	<input type="checkbox"/> Industrial Hygiene	<input type="checkbox"/> Milk & Dairy	<input type="checkbox"/> Radiation	<input type="checkbox"/> Youth Camp
	<input type="checkbox"/> Field Sanitation	<input type="checkbox"/> Lead	<input type="checkbox"/> Mold	<input type="checkbox"/> Retail Food	<input type="checkbox"/> Other:
Form of Request / Complaint	<input type="checkbox"/> Telephone	<input type="checkbox"/> Written	<input type="checkbox"/> Facsimile	<input type="checkbox"/> E-mail	
	<input type="checkbox"/> Visit	<input type="checkbox"/> Referral from:			
Requestor / Complainant					
Address				Telephone Number	
City			State	Zip	
Request/Complaint Site: Owner / Establishment					
Address				Telephone Number	
City	Zip	Co.	Region	Lic/Reg#	
Description of Request/Complaint:					
Person Receiving Request/Complaint				Date	
Legal Description of Property Attached			<input type="checkbox"/> Yes <input type="checkbox"/> No	DSHS Jurisdiction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referred to				Date	
Investigated by				Date	
Investigation Results / Disposition / Action Taken:					
Date Complainant Notified of Results		Photographs Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	Samples Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Notice Given	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Signed			Title		Date
Reviewed by			Title		Date