



number: \_\_\_\_\_  
*Allegany County*  
**HEALTH DEPARTMENT**

"Healthy People, Healthy Communities"



Jenelle Mayer, M.P.H., Health Officer  
12501-12503 Willowbrook Road, SE  
Cumberland, MD 21501-1745

301-759-5000 Phone  
1-866-909-9629 Toll Free  
www.alleganyhealthdept.com

**ENVIRONMENTAL INVESTIGATION REQUEST**

Please fill in as completely as possible all of the sections below. It is very important that you do this so that your complaint can be properly evaluated.  
**NOTE: Anonymous or unsigned forms will not be accepted.**

**Return completed form to:**  
Environmental Health Division  
Allegany County Health Department  
P. O. Box 1745  
Cumberland, MD 21501-1745

YOUR NAME: \_\_\_\_\_  
YOUR ADDRESS: \_\_\_\_\_  
YOUR AREA CODE AND TELEPHONE NUMBER: \_\_\_\_\_

DESCRIBE THE COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHO IS RESPONSIBLE? NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

WHEN DID THIS OCCUR? \_\_\_\_\_  
HAS THIS BEEN A PROBLEM BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

WHERE DID THIS OCCUR (LOCATION)? \_\_\_\_\_

DID YOU BECOME ILL? IF SO, WHAT WERE YOUR SYMPTOMS? DID YOU SEEK MEDICAL TREATMENT? IF SO, FROM WHOM? WERE OTHER PEOPLE AFFECTED?  
\_\_\_\_\_  
\_\_\_\_\_

ADD ANY ADDITIONAL DETAILS YOU FEEL ARE IMPORTANT. (ATTACH ADDITIONAL DOCUMENTATION IF NEEDED)  
\_\_\_\_\_  
\_\_\_\_\_

UNDER THE PENALTIES OF PERJURY, I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE.

NAME \_\_\_\_\_ DATE \_\_\_\_\_