



**WEST VIRGINIA  
STATE BOARD OF SANITARIANS  
P.O. Box 927  
Charleston, WV 25323  
(304) 638-2814**

<b>COMPLAINT FORM</b>		
YOUR NAME		
ADDRESS		
CITY, STATE, ZIP CODE		
TELEPHONE	E-mail	Fax

COMPLAINT AGAINST (INDIVIDUAL)	
ADDRESS (STREET & SUITE NUMBER)	
CITY, STATE, ZIP CODE	
TELEPHONE	EMPLOYER
DESCRIPTION OF COMPLAINT In Detail:	

(IF YOU NEED MORE SPACE, USE REVERSE SIDE OR ADDITIONAL SHEETS)

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List the names, addresses and phone number of all other parties who have a direct interest, who possess pertinent information in this matter or whose testimony should be considered prior to the Board determining its final disposition of this complaint.


(IF YOU NEED MORE SPACE, USE REVERSE SIDE OR ADDITIONAL SHEETS)

**WHAT REMEDIAL ACTION DO YOU WANT THE BOARD TO CONSIDER?**


**Confidentiality Notice**

Please be advised that, in order to ensure procedural due process, a copy of this complaint and any accompanying statement will be furnished to the Sanitarian named in this complaint. This complaint, and any response thereto, is confidential during the initial investigation, but will become a matter of public record if the Board, by majority vote, determines that the complaint either has probable cause to proceed or recommends dismissal due to the lack of probable cause. The Board requests your cooperation in keeping this matter confidential during the investigation phase of the process.

I certify that the above information is true to the best of my knowledge. I further state that I will voluntarily appear and testify to the facts in this complaint if called upon by the State Board of Sanitarians.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_