



Nevada Division of Public and Behavioral Health



Environmental Health Section Complaint Form

The State of Nevada Division of Public and Behavioral Health Environmental Health Section does not have jurisdiction over all 16 Nevada counties and the City of Carson City. The local health authorities listed below are directly responsible for complaints that originated with their jurisdiction. There are exceptions to that rule listed below in the General Complaint Information section.

For other health-related complaints, please contact the local health authority:

Department	Serving	Website	Phone
Carson City Health & Human Services	Carson City & Douglas County	https://gethealthycarsoncity.org/	775-887-2190
Southern Nevada Health District	Clark County	https://www.southernnevadahealthdistrict.org/	702-759-0588
Washoe County District Health Department	Washoe County	https://washoecounty.us/health/	775-328-2434

General Complaint Information

Where is the location you are concerned about? DPBH-EHS will investigate complaints in the following counties:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Churchill County | <input type="checkbox"/> Eureka County | <input type="checkbox"/> Lincoln County | <input type="checkbox"/> Nye County |
| <input type="checkbox"/> Elko County | <input type="checkbox"/> Humboldt County | <input type="checkbox"/> Lyon County | <input type="checkbox"/> Pershing County |
| <input type="checkbox"/> Esmeralda County | <input type="checkbox"/> Lander County | <input type="checkbox"/> Mineral County | <input type="checkbox"/> Storey County |
| | | | <input type="checkbox"/> White Pine County |

Exceptions

- Carson City/Douglas County: State Parks, Bottled Water, Drug and Cosmetic Manufacturing, Shellfish Distribution
- Washoe County: State Parks/ Property UNR, TMCC, Drugs, Supplements and Cosmetics and Shellfish Distribution
- Clark County: State Parks, Bottled Water, Drugs and Cosmetics, Shellfish Distribution

What is the nature of the complaint? Check all those that apply:

- | | | |
|------------------------------|--|---|
| Food: | <input type="checkbox"/> Establishment Conditions | <input type="checkbox"/> Food Product Problem |
| | <input type="checkbox"/> Dog in Food Establishment | <input type="checkbox"/> Food Employee Behavior |
| | <input type="checkbox"/> Foodborne Illness | <input type="checkbox"/> Operating without a Permit |
| Sewage: | <input type="checkbox"/> Sewage Spill or Problem | <input type="checkbox"/> Individual Sewage Disposal System (ISDS) |
| Public Accommodation: | <input type="checkbox"/> General Cleanliness | <input type="checkbox"/> Bedbugs |
| Public Bathing: | <input type="checkbox"/> Pool | <input type="checkbox"/> Spa |
| Other Facilities: | <input type="checkbox"/> Jail Conditions | <input type="checkbox"/> RV Parks & Campgrounds |
| | <input type="checkbox"/> Highway Rest Area | <input type="checkbox"/> Other: _____ |

Complainant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Establishment Information

Name of Establishment
or property owner: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Describe what you observed. Please be specific.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that all complaints become public record.

Signature: _____ Date: _____

To send this document to us electronically without the need to print, follow the steps below:

- (1) Save the document to your desktop or file.
- (2) Use the link to send an email: ehscustomerservice@health.nv.gov
- (3) Attach the document to the email. (Method varies based on program used)
- (4) Send the email.