



## O.S.S.F. COMPLAINT

Waco-McLennan County Public Health District  
O.S.S.F. Program  
P.O. Box 2570  
Waco, TX 76702-2570  
(254) 299-2405  
Fax: (254) 750-6619

### COMPLAINT DATA

#### Complainant Information:

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_

#### Property Owner Information:

Owner's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Location of Complaint:

Resident's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_

#### Directions to Site and Nature of Complaint:

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Please provide as much of the information requested as possible to aid us in locating and correcting the problem you are contacting us about. Your help in keeping our living environment safe, clean, and free of disease is greatly appreciated. When you have completed the form, you may call us with the information at 254-299-2405, fax it to us at 254-750-6619, or e-mail it to us at [charlesg@wacotx.gov](mailto:charlesg@wacotx.gov).