

4. Please describe each incident in detail. For each incident, please include the date(s) the act occurred, the name(s) of each person(s) involved and why you believe the act was inappropriate. Also, please provide the names of any person(s) who was present and witness the act(s).

5. Have you discussed this matter with anyone prior to filing this complaint? Yes No
If you answered yes, please describe in detail.

6. Have you made a complaint or communicated your concerns regarding the information contained herein to anyone outside of Summit County Public Health? Yes No
If you answered yes, please describe in detail.

7. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Last name	First name	Middle name
Home telephone	Work telephone	

8. What would you like the agency to do as a result of your complaint? What remedy are you seeking?

9. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

I certify that the information provided on this complaint form is true, accurate, and complete to the best of my knowledge.

Date Signature

Date Signature of person in item 2 if applicable

You may select the Submit button below to send your form to SCPH. You can also mail, drop off or email your completed and signed complaint form, and copies of any written material or other documents you believe will help SCPH understand your complaint. Our goal is to respond to complaints in a timely manner. In most cases, response will be provided to you within 10 working days. The SCPH Clients Rights Document is available on our website at www.scphoh.org

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