

Person County Health Department Consumer Complaint/Concern Form

Excellent customer service is a top priority of the Person County Health Department. If you feel you have not received quality service, please let us know by filling out this Consumer Complaint/Concern Form. All complaints will be reviewed by the Management Staff or appropriately designated staff, and where indicated, action will be taken to resolve the issue. All complaints are private and no consumer will be discriminated against for submitting a complaint form.

Today's Date _____

Complaint or Concern:

A member of the Health Department staff will contact you. However, your name and contact number will remain private.

Your Name _____

Telephone Number _____

For Health Department Staff Use Only

Action Taken _____

Complaint Received and Documented By _____