



Public Health  
Prevent. Promote. Protect.

Serving Lee County Since 1947

**LCHD BUSINESS COMPLAINT FORM**

(Please type or print in ink legibly)

\_\_\_\_\_  
Establishment Name (please print)

\_\_\_\_\_  
Establishment Address

\_\_\_\_\_  
Incident Date

\_\_\_\_\_  
Incident Time

Nature of Complaint: (please provide as much detail as possible, use an additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you contact the establishment about the problem: ( ) No ( ) Yes, if yes date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Can we contact you for any questions or clarification on the complaint? ( ) No ( ) Yes, if yes:

\_\_\_\_\_  
Name

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

Submission of a false statement to a public official, pursuant to CIVIL LIABILITIES (740 ILCS 175/) Illinois False Claims Act, constitutes a misdemeanor of the third degree of offense, punishable by a fine and imprisonment of not more than one year.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Please return the complaint to Lee County Health Department: [ehfaxes@lchd.com](mailto:ehfaxes@lchd.com), Fax: (815)288-1811, Mail: LCHD, 309 South Galena Ave. Suite 100, Dixon, IL 61021.

This form must be used to register a complaint with Lee County Health Department. If you have questions, please contact us by phone at (815)284-3371.

FOR OFFICE USE ONLY:

Inspector \_\_\_\_\_ Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Completed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

309 South Galena Ave. • Suite 100  
Dixon, Illinois 61021

www.LCHD.com

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