Department of Health and Human Services
Office of Public Health Compliance

Pest of Public Health Concern
REFERRAL FORM

Referral Information

Date: _____

Referral Submitted by (print name): _____

Department/Program: _____

Problem area of concern:

☐ Ticks ☐ Mice ☐ Mosquitos ☐ Other: _____

Briefly Describe the Concern/Situation:

_____

_____

_____

Household Information

Head of Household/Family Representative (Name): _____

Village/Community: _____

Directions to Home:

_____

_____

Follow-up Permission

I hereby give permission for a follow-up investigation by the Office of Public Health Compliance to the site of problem occurrence.

Name (Print): _____

Signature: _____ Date: _____

For Office Use Only

Date Received: _____

Received by: _____

Follow- up conducted: ☐ Yes ☐ No Date: _____

Action(s) Taken: _____

_____

Finding(s): _____

_____