

# Report a Health Concern

If you have a public health concern that you would like to inform us about, please fill out the below form and submit.

All reports are reviewed by qualified Clatsop County Public Health Staff.

You must have JavaScript enabled to use this form.



Complainant Contact

Please include your name and contact information. If you do not provide contact information your complaint will be considered anonymous.

Your Name

Your Email

Your Phone Number

Your home ZIP/Postal Code

Facility Contact

Please provide the name and, if possible, address of the facility this health concern is about.

Facility Name

Facility Address

Facility City/Town

Facility State/Province

Optional

▼

Date and Time of occurrence

Date and Time of occurrence: Date

Date and Time of occurrence: Time

Health Concern

Supporting Documents/Pictures

Optional

a  
file  
a  
file

Upload

Unlimited number of files can be uploaded to this field.

256 MB limit.

Allowed types: gif, jpg, jpeg, png, bmp, eps, tif, pict, psd, txt, rtf, html, odf, pdf, doc, docx, ppt, pptx, xls, xlsx, xml, avi, mov, mp3, mp4, ogg, wav, bz2, dmg, gz, jar, rar, sit, svg, tar, zip.

Submit