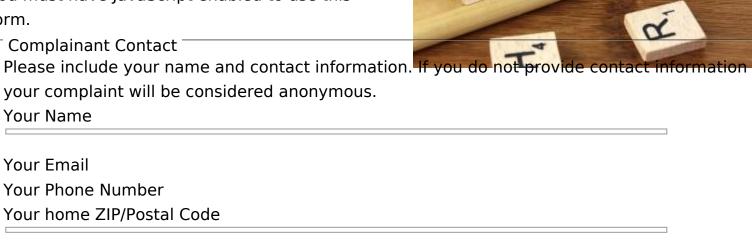
Report a Health Concern

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.



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 occurrance

Date and Time of occurrance: Date Date and Time of occurrance: 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