## **Covid-19 Complaint Form**

## Town of Seabrook Health Department 603.474.3871 code@Seabrooknh.org

Please fill out the form completely and legibly. NH residents can call 211 and report Covid-19 cases or ask Covid-19 related questions. For more information regarding NH Safer at Home guidelines go to <a href="www.covidguidance.nh.gov/">www.covidguidance.nh.gov/</a>. For information about current statistics and how to get tested go to <a href="https://www.nh.gov/covid19/">https://www.nh.gov/covid19/</a>.

| Contact Name:   |   |                                |               |
|---|---|--------------------------------|---------------|
| E-mail Address:   | ress: Telephone:                        |                                |               |
| Name of Establishment:<br>Location of Establishment: _<br>Date of Incident: | Was this reported to                    | the Manager at the time of the | incident? Y/N |
| Please circle th  | e type of establishme                   | nt where the incident happene  | ed:           |
| Restaurant<br>Convenience Store<br>Hotel/Motel                              | Retail Store<br>Grocery Store<br>Other: | Hair/Nail Salon<br>Gym         |               |
| Briefly describe the issue  | :                                       |                                |               |
| Person Involved & Contac  | et Info:                                | ignature:                      |               |
| Tour name (Floude Finit)  |   |                                |               |
| Disposition Notes:  | ****Office Use                          | · Only****                     |               |
|   |   |                                |               |
|   |   |                                |               |
| Date Action Completed:_   | Si                                      | gnature:                       |               |

All Covid-19 complaints are taking seriously. All requests will be reviewed with written response and/or an incident report can be provided within two weeks of the complaint filing date per your request. More information may be requested from you. Please double check any contact information given on this form.