

Complaint #: _____

Dickinson - Iron District Health Department

Masking Complaint Report

General Information

Date Received _____

Time Received _____

School District:

___ Breitung Township

___ Iron Mountain

___ North Dickinson

___ Norway

___ Crystal Falls

___ West Iron County

Date of Violation _____

Time of Violation _____

Nature of Complaint _____

Complaint Reported by _____ Phone _____

Address _____

Information Received By: _____

Investigation

Date Investigated _____

Time Investigated _____

Action Taken

___ Letter

___ Phone Call

___ Referred to Law Enforcement

Comments _____

Investigated By: _____

Date Resolved: _____