STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
SWIMMING POOL/SPA PROGRAM COMPLAINT FORM

Please send form to:
Iowa Department of Public Health
Division of Environmental Health/Swimming Pool/Spa Program
321 E. 12th Street
Des Moines, IA 50319-0075

PERSON REGISTERING COMPLAINT

Name:		E-Mail:	
Address:			Phone Number:
City:	State:	County:	Zip Code:

COMPLAINT REGISTERED AGAINST

Facility Name:			
Address:			Phone:
City:	State:	County:	Zip Code:

DETAILS OF COMPLAINT

1) Have you complained to the facility?
Yes ☐ No ☐
When:_____
How: Telephone ☐ Letter ☐
Other (please explain)

2) Did the facility respond to your complaint?
Yes ☐ No ☐
If yes, action taken:_____
How: Telephone ☐ Letter ☐
Other (please explain)

State law and federal regulations stipulate that all inspection reports, including complaints, are public information and may be disclosed if requested. Anonymous complaints are accepted and reviewed at the department's discretion.

Briefly state your complaint being as specific as possible. If you have photos, please submit those along with this form.