



HEALTH
Department

Allegan County Health Department Inquiry Form

Follow the below step-by-step instructions on how to fill out the Allegan County Health Department (ACHD) inquiry form if you have a personal/individual health concern, environmental exposure concern, question, or complaint.

1. Visit the Allegan County Health Department website: allegancounty.org/health, or visit bit.ly/ACHDInquiryForm.

- If on the ACHD homepage, click the Hyperlink under the Connect box on the right hand side of the page that says “Submit an Inquiry or Feedback”

2. Once you have accessed the inquiry form, provide your contact information below to submit this form so an ACHD team member can follow up with you.

Make sure to fill out all required fields.

Language
English

Please complete the following form to submit a question, concern, or complaint to the Allegan County Health Department. One of our team members will follow up within 1-2 full business days.

For immediate concerns, please call 269-673-5411.

Please provide your information below to submit this form. **We need at least a phone number, email address, or postal address to respond.**

* First Name (required)

* Last Name (required)

Phone Number

Email Address

Street Address

* City (required)

3. Select the option that best fits why you are filling out the form

- **Personal/Individual Health Concern examples:** Foodborne illness, Communicable diseases, Cancer, (etc.)
- **Environmental Exposure Concern examples:** Spill, hazardous waste/material, water quality (etc.) – if exposure has already made you/someone else sick, select the personal/individual health concern option.
- **Question examples:** Where can I get my water tested? How can I dispose of sharps?
- **Complaint example:** Food establishment, body art facility, well/septic complaint – ACHD services related
- **Other:** something not listed above.

*Which of the following best describes the concern you would like to share with the health department?

- Personal/Individual Health Concern** -- I am concerned about a health condition I or someone I know is experiencing.
- Environmental Exposure Concern** -- I am concerned about something in my community that could make someone sick. (Spill, hazardous waste/material, water quality, PFAS, PFOS, PFOA, etc.) If an exposure has already made you or someone else sick, please select the personal/individual health concern option.
- Question** -- I would like to ask a health related question.
- Complaint** -- I would like to express a concern about something the health department is responsible for. (Food establishment, body art, wells/septic, etc.)
- Other** -- The categories above don't fit my concern.

4. After making your selection, fill out the follow-up questions to provide more information.

For example, if you select Environmental Exposure Concern – fill out the follow-up questions to provide further details.

*Which of the following best describes the concern you would like to share with the health department?

Personal/Individual Health Concern -- I am concerned about a health condition I or someone I know is experiencing.

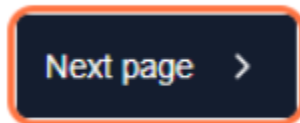
Environmental Exposure Concern -- I am concerned about something in my community that could make someone sick. (Spill, hazardous waste/material, water quality, PFAS, PFOS, PFOA, etc.) If an exposure has already made you or someone else sick, please select the personal/individual health concern option.

Question -- I would like to ask a health related question.

Complaint -- I would like to express a concern about something the health department is responsible for. (Food establishment, body art, wells/septic, etc.)

Other -- The categories above don't fit my concern.

5. Click on the Next page button on the bottom right of the screen



6. Describe the Environmental Exposure Concern in the spaces provided as best as possible.

Environmental Exposure Concern

If you have more than one exposure concern, please fill out another inquiry form.

Please describe the exposure condition you are concerned about. If the substance or illness has been identified, please tell that here.

7. Select “yes or no” if the exposure has turned into a form of cancer or other chronic illness,

Has the exposure turned into a form of cancer or other chronic illness?

Yes

No / I am not sure

Please describe any efforts to address the exposure that you know about. If a formal cleanup or monitoring (state-sanctioned or state-identified) has been started, please state that here.

8. Fill out the date of onset (the first date you experienced this problem) and date of identification (the date a professional identified the source of the problem)

If you aren't sure of the exact dates, please provide your best estimate.

Please provide the following dates. Approximate dates are acceptable but precision is helpful.

Date of onset (the first date you experienced this problem)

Date of identification (the date professional identified the source of the problem)

9. Fill out the remaining information if anyone else is exposed so ACHD can follow up with the individuals if contact information is provided.

- If they have been exposed to a different substance, fill out another inquiry form.
- If there is no one else exposed, skip this step.

If anyone else is clearly exposed (you know for sure they were exposed to the same source) to this problem, please identify them here. If you provide a name and contact information (phone, email, or postal address), we will contact these people to confirm the issue.

If these individuals are exposed to a different substance, please fill out another inquiry form for them.

Connected Case #1

Connected Case #2

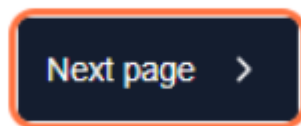
Connected Case #3

Connected Case #4

Connected Case #5

Next page >

10. Click on the Next Page button on the bottom right of the screen.



11. Provide additional information regarding cancer cases or any chronic illness

Note: if you selected “no” previously in the survey to the question “Has the exposure turned into a form of cancer or other chronic illness,” this information will not pop up)

Please provide the following information for cancer cases or chronic illness'.

Current age of the individual with cancer or chronic illness

If deceased, date of death

Gender

Current location

Type of cancer or chronic illness

Age at diagnosis

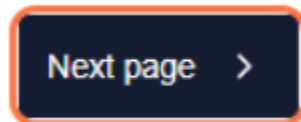
Primary residence location when diagnosed

Length of time at this primary residence

Suspected exposure location (if any)

Other information

12. Click on the Next Page button on the bottom right of the screen.



13. Once you have completed the form, an ACHD team member will follow up with your inquiry within 1-2 full business days.

If you have further questions or concerns that need to be addressed, contact 269-673-5415 or email alleganeh@allegancounty.org.



HEALTH Department

Allegan County Health Department

Thank you for completing this questionnaire.
A team member will reach out within the next 1 - 2 full business days.

If you have further questions/concerns, please contact 269-673-5415 or alleganeh@allegancounty.org.

Together; striving for a healthier Allegan County