



Ohio Community Cancer Concerns Reporting Form

To report a cancer concern, please fill out the following form and allow 10 business days for someone to contact you to obtain additional information. Please **do not include** the name, date of birth, social security number, and/or street address of any individual diagnosed with cancer. This information will be shared with your local health department for follow up.

Please note: All fields marked with an * are required.

Date (Mo/Day/Year)*: ____ / ____ / ____

Name*: _____

Institutional Affiliation (if applicable): _____

Mailing Address*: _____

City*: _____

State*: _____

Zip Code*: _____

Phone Number*: _____

Alternate Phone Number: _____

Email: _____

Describe the geographical area(s) of concern (e.g., city, township, neighborhood)*.

List the number and type(s) of cancer(s) of concern and the time frame of cancer occurrences*.

Describe the demographics of concern (e.g. age group, sex, race/ethnicity).

Describe the suspected cause(s) of concern, if applicable (e.g. air/water/soil pollution, radiation, hazardous waste site).

Please save this form and email it to: Cancer.Concerns@odh.ohio.gov

If you cannot email this form, you may print it out and mail it to the following address:
Ohio Department of Health, Cancer Concerns, 246 North High Street, Columbus, OH 43215