



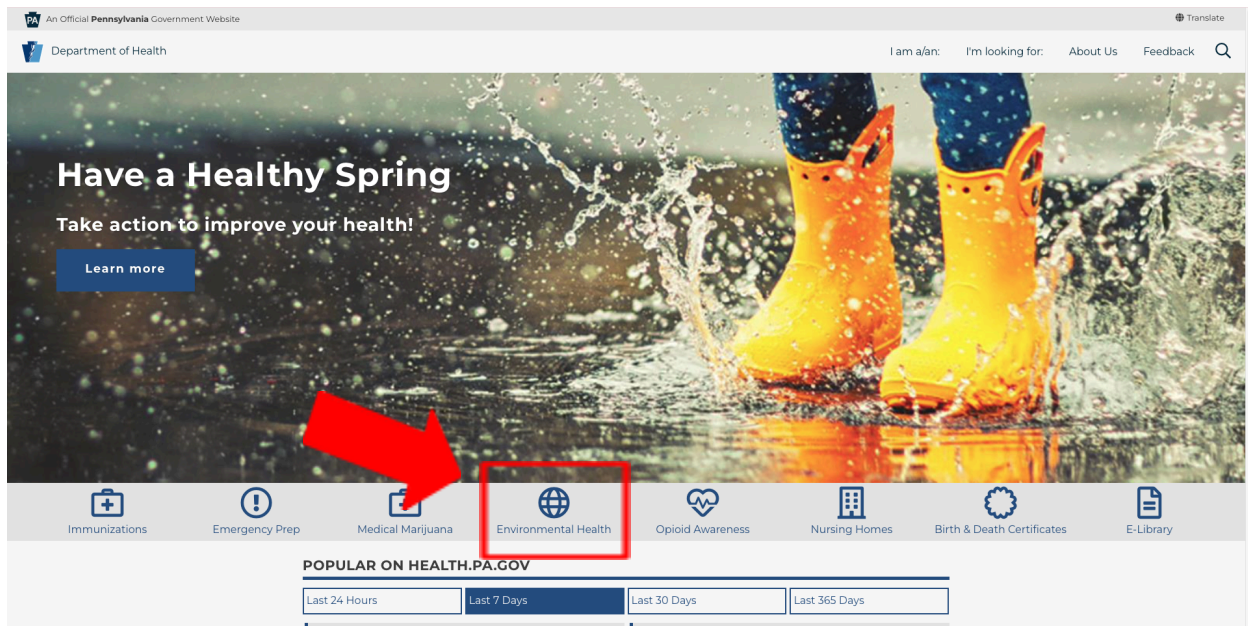
# CENTER FOR COALFIELD JUSTICE

PO Box 4023 • 31 E Chestnut St, Suite 102 • Washington, PA 15301 •  
724.229.3550 • [www.centerforcoalfieldjustice.org](http://www.centerforcoalfieldjustice.org) •  
[info@centerforcoalfieldjustice.org](mailto:info@centerforcoalfieldjustice.org)

## HOW TO SUBMIT AN ENVIRONMENTAL HEALTH CONCERN TO THE PENNSYLVANIA DEPARTMENT OF HEALTH (“DOH”)

The Department of Health can assist with some environmental-related health concerns, such as those related to oil and gas production. DOH can connect you with doctors, provide additional information, and more if you fill out their [confidential form](#). This guide will assist you in submitting the form.

1. Go to the Department of Health Website at [health.pa.gov](http://health.pa.gov)
2. Click on Environmental Health on the Home Page



### 3. Scroll to the bottom of the Environmental Health Page you are brought to

An Official Pennsylvania Government Website

Department of Health

I am a/an: I'm looking for: About Us Feedback

EH Indicators Map Harmful Algal Bloom Dashboard ONGP Health Information Database Enviro Justice Strategic Plan EH Factsheets Report EH Concern Sign Up for EH Updates ABLES Dashboard

Health > All Health Topics > Environmental Health

## Environmental Health

**Pitt Study**

Environmental health examines how different environments affect communities' well-being. The health effects of breathing contaminated air or drinking water, living near abandoned toxic waste sites or being exposed to substances, such as lead, arsenic, pesticides, and heavy metals, are all potentially cause for concern in Pennsylvania, a historically industrial state. Recognizing the prevalence of such issues, Pennsylvania created the Division of Environmental Health, what is now the Division of Environmental Health Epidemiology.

### Environmental Health Activities and Programs

- [Adult Blood Lead Epidemiology and Surveillance](#)
- [Children's Environmental Health](#)
- [Choose Safe Places for Early Care and Education \(CSPECE\)](#)
- [Environmental Health Assessment](#)

### 4. Click on "environmental health concern form"

Department of Health

I am a/an: I'm looking for: About Us Feedback

We practice the 4 C's:

- Compile environmental health data
- Create environmental health resources
- Connect to other stakeholders
- Consult on environmental concerns

## Sign Up for Environmental Health Updates!

*Better environment, healthier you*  
[Sign up here!](#)

### Contact Us

Do you have an environmental health concern? Complete the [environmental health concern form](#)

For all other divisional inquiries, please email us at [dehe@pa.gov](mailto:dehe@pa.gov) or [contact us](#).

**Mail:** Pennsylvania Department of Health, Bureau of Epidemiology  
Division of Environmental Health Epidemiology  
Health and Welfare Building (Room 933)  
625 Forster Street Harrisburg, Pennsylvania 17120-0701

**Phone:** 717-787-3350  
**Fax:** 717-346-3286  
**Email:** [dehe@pa.gov](mailto:dehe@pa.gov)  
**Hours:** Monday-Friday, 8 a.m. to 4:30 p.m.

[Plan](#)  
[Harmful Algal Blooms](#)  
[Hot Topics](#)  
[Oil and Natural Gas Production \(ONGP\) Health Concerns](#)  
[Private Well Water](#)  
[Pennsylvania Occupational Safety and Health Surveillance \(PennOSHS\) Program](#)  
[Per- and Polyfluoroalkyl Substances \(PFAS\) Projects](#)



5. Fill out “Your Information” Section:

- The only thing required in this section is your email address, you can remain anonymous if you want to.
  - If you want to use an anonymous email address, you can make your own or use [complaints@centerforcoalfieldjustice.org](mailto:complaints@centerforcoalfieldjustice.org)
    - Please email or call CCJ when using this email address with a description of your complaint so we can inform you of any updates and forward you any relevant information.
- There are three drop-down menus in this section:
  - Phone Type
    - Cell
    - Home
    - Work
  - Preferred Method of Communication
    - Phone
    - Email
  - Race/Ethnicity
    - Select *all* that apply, more than one if necessary

Please note that your information is considered confidential and will not be shared with any party outside of DOH unless explicitly requested by you. Fields marked with an asterisk \* are required.

The screenshot shows a web form titled "Your Information". The form contains several input fields: "First Name" (Jane), "Last Name" (Doe), "Phone Number" (724-123-4567), "Phone Type" (Home), "Email Address" (janedoe@example.com), "Preferred Method of Communication" (Phone), "What type of work do you do? (Occupation)", and "Race/ethnicity (select all that apply)". A red border highlights the entire form, and a red arrow points to the "Email Address" field, which is also highlighted with a red box. A red text box next to the arrow says "Only Email Address is required!". Below the form is the "Address of Concern" section, which includes a "Street Address" field.

Only Email Address is required!

6. Fill out the “Address of Concern” Section:

- This section refers to the address that you have health concerns at, whether that be your house, your job, a playground, etc.
- You are only required to put down the County of concern, but provide as much information as you can unless it prevents you from remaining anonymous.
  - County selection is a dropdown list.

Race/ethnicity (select all that apply)

**Address of Concern (This address corresponds to the property that you have concerns about)**

**Street Address**  
  
**City**  
  
**Zip Code**  
  
**County \***  
  
**Municipality** Please select an item in this list.  
  
**If no address, location description**

**Concern Information**

**What is your concern regarding/topic of concern (select those that apply) \***  
  
**Other Topic (if applicable)**

Only County is required!



- If you don't know the exact address, you can provide a location description instead; see the example in the photo below (all locations fictitious)

**Preferred Method of Communication**  
  
**What type of work do you do? (Occupation)**  
  
**Race/ethnicity (select all that apply)**

**Address of Concern (This address corresponds to the property that you have concerns about)**

**Street Address**  
  
**City**  
  
**Zip Code**  
  
**County \***  
  
**Municipality**  
  
**If no address, location description**

**Concern Information**

**What is your concern regarding/topic of concern (select those that apply) \***

7. Fill out the “Concern Information” Section

- Topic of Concern
  - Drop down list, choose all that apply - more than one allowed
  - Options:
    - Cancer
    - Chemical Exposure
    - Climate (e.g., extreme heat, flooding, etc.)
    - Harmful Algal Blooms
    - Indoor Air Quality
    - Lead
    - Occupational Health (work related)
    - Oil and Natural Gas Production
    - Outdoor Air Quality
    - PFAS-Per- and polyfluoroalkyl substances
    - Radon
    - Water Quality
    - Other (use “other topic” text field below)

If no address, location description  
Playground off First Street near Green Golf Course and Fish Lake

**Concern Information**

What is your concern regarding/topic of concern (select those that apply) \*

Oil and Natural Gas Production × Outdoor Air Quality ×

Other Topic (if applicable)

Description of concern (please be as specific as possible and include any health symptoms you or a member of your household are experiencing related to this concern) \*

My daughter plays at this playground at least weekly because it's less than a mile from where we live. There is a well pad close to the playground. My daughter has been diagnosed with asthma, and sometimes when I leave the park, I have a cough, headache, and irritated eyes.

Have you contacted anyone else about this concern?

PA Department of Environmental Protection (DEP) ×

Other Contacted (if applicable)

If you have any questions about this form, please contact us directly at 717-787-3350 and/or [env.health.concern@pa.gov](mailto:env.health.concern@pa.gov).  
To report an environmental emergency or regulatory complaint, please visit DEP's [environmental complaints website](#).

Submit

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Select from Options

Fill Out if Selected "Other" Above

- Description of Concern
  - Describe the circumstances that led to your concerns and the symptoms you and/or your family member are experiencing in as much detail as possible (event in screenshot fictional)

If no address, location description  
 Playground off First Street near Green Golf Course and Fish Lake

**Concern Information**

What is your concern regarding/topic of concern (select those that apply) \*

Oil and Natural Gas Production x Outdoor Air Quality x

Other Topic (if applicable)

Description of concern (please be as specific as possible and include any health symptoms you or a member of your household are experiencing related to this concern) \*

My daughter plays at this playground at least weekly because it's less than a mile from where we live. There is a well pad close to the playground. My daughter has been diagnosed with asthma, and sometimes when I leave the park, I have a cough, headache, and irritated eyes.

Have you contacted anyone else about this concern?

PA Department of Environmental Protection (DEP) x

Other Contacted (if applicable)

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Submit

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- If you contact other people about this concern, select who from the options presented
  - PA Department of Environmental Protection
  - US Environmental Protection Agency
  - County or municipal government
  - Local health department
  - PA Office of Attorney General
  - Consumer Product Safety Commission
  - Occupational Safety and Health Administration
  - Other (use "other contacted" field below to name who you contacted)

If no address, location description  
 Playground off First Street near Green Golf Course and Fish Lake

**Concern Information**

What is your concern regarding/topic of concern (select those that apply) \*

Oil and Natural Gas Production x Outdoor Air Quality x

Other Topic (if applicable)

Description of concern (please be as specific as possible and include any health symptoms you or a member of your household are experiencing related to this concern) \*

My daughter plays at this playground at least weekly because it's less than a mile from where we live. There is a well pad close to the playground. My daughter has been diagnosed with asthma, and sometimes when I leave the park, I have a cough, headache, and irritated eyes.

Have you contacted anyone else about this concern?

PA Department of Environmental Protection (DEP) x

Other Contacted (if applicable)

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Submit

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Select from Options

Fill Out if Selected "Other" Above

## 8. Hit Submit

If no address, location description

Playground off First Street near Green Golf Course and Fish Lake

**Concern Information**

What is your concern regarding/topic of concern (select those that apply) \*

Oil and Natural Gas Production x Outdoor Air Quality x

Other Topic (if applicable)

Description of concern (please be as specific as possible and include any health symptoms you or a member of your household are experiencing related to this concern) \*

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Have you contacted anyone else about this concern?

PA Department of Environmental Protection (DEP) x

Other Contacted (if applicable)

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To report an environmental emergency or regulatory complaint, please visit DEP's [environmental complaints website](#).

**Submit**

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## 9. Check for confirmation that the concern was submitted

- Check your email if you supplied it
- If you used the [complaints@centerforcoalfieldjustice.org](mailto:complaints@centerforcoalfieldjustice.org) address, please call CCJ or email us at [info@centerforcoalfieldjustice.org](mailto:info@centerforcoalfieldjustice.org) for your confirmation and for follow-up.
- If you provide a phone number, someone from the health department may reach out via phone to discuss your concern and to have you complete a health survey.