



**Public Health**  
Prevent. Promote. Protect.

## COMPLAINT FORM

Date: \_\_\_\_\_

Description of public health nuisance:

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Location or address of the public health nuisance:

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Owner/Occupant of property:

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Name of Person Reporting Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

**This complaint will be reviewed as to its validity as a justifiable mandated public health nuisance. By signing this form you are testifying that all information provided above is correct.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Action Taken by Environmentalist:

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Environmentalist's Signature \_\_\_\_\_ Date: \_\_\_\_\_

*I have reviewed this complaint and verified that it was resolved properly.*

Environmental Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_