



Nuisance Investigation Report

I herein request an investigation of the public health hazard or nuisance described below:

Location (be specific): _____

Person(s) Responsible for the Condition:
Name: _____
Address: _____
Phone Number: _____

Owner of Property (if different):
Name: _____
Address: _____
Phone Number: _____

How long has this condition existed? _____

Have you report this condition to the person responsible? Yes No

Was this condition reported to the health department previously? Yes No When? _____

Was this condition reported to another agency? Yes No What Agency? _____

By making this request for an investigation, I acknowledge that the health department may take all necessary steps consistent with the appropriate laws to investigate and effect correction if such is warranted. Such action may involve referral to other agencies or legal action that may require the need for court appearance and testimony to collaborate the conditions stated in this complaint.

Person requesting the investigation:

Name: _____ Signature: _____ Date: _____
Address: _____ Phone Number: _____

FOR HEALTH DEPARTMENT USE:

Complaint	Yes	No	Date	Action Taken	Yes	No	Date
Investigated				Written Notice			
Previously Investigated				Verbal Notice			
Justified				Other: _____			
Condition Found:							
Complaint Status:	Yes	No	Date	Comments			
Corrected or Abated							
Referred							
Awaiting Legal Action							
Follow-up Pending							
Sanitarian Signature: _____						Date: _____	