



ENVIRONMENTAL COMPLAINT FORM

PERSON REPORTING COMPLAINT: _____ **Date:** _____

Phone Number: _____
Email Address: _____

LOCATION OF PUBLIC HEALTH NUISANCE: _____
LOCATION DESCRIPTION IF YOU DO NOT KNOW THE ADDRESS: _____
OWNER/OCCUPANT OF PROPERTY: _____
DESCRIPTION OF PUBLIC HEALTH NUISANCE:

SIGNED: _____ **DATE:** _____

ACTION TAKEN: _____

ACTION TAKEN BY: _____ **DATE** _____

FOLLOW UP/REFERRAL:

FURTHER REVIEW NEEDED: ___ YES ___ NO

PUBLIC HEALTH DIRECTOR'S SIGNATURE: _____
DATE: _____