

**NUISANCE COMPLAINT INFORMATION FORM**

**SECTION A** – To be completed by complainant: (ALL INFORMATION IN THIS SECTION WILL BE KEPT CONFIDENTIAL)

**TYPE OF COMPLAINT (PLEASE CIRCLE)**

AIR POLLUTION                      HOUSING                      SEWAGE                      SOLID WASTE  
FOOD                                      INDOOR AIR                      SMOKING                      VERMIN  
HAZARDOUS MATERIALS              OTHER (SPECIFY) \_\_\_\_\_              WATER

**COMPLAINANT:**

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_

Signature \_\_\_\_\_ Date filed \_\_\_\_\_

**ALLEGED VIOLATOR:**

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_

Location of problem T/C/V of \_\_\_\_\_ Legislative District \_\_\_\_\_

Directions \_\_\_\_\_

Nature of Problem \_\_\_\_\_

Best time to witness problem (please circle): Morning    Afternoon    Evening    Anytime

**SECTION B** – To be completed by Health Department

Is the nuisance at a facility permitted by the Health Department? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, type \_\_\_\_\_ Name of facility \_\_\_\_\_

Facility Code # \_\_\_\_\_ Fed ID \_\_\_\_\_

Assigned to \_\_\_\_\_ On \_\_\_/\_\_\_/\_\_\_

Access/eHIPS Data Entry By \_\_\_\_\_ On \_\_\_/\_\_\_/\_\_\_

Reassigned to \_\_\_\_\_ On \_\_\_/\_\_\_/\_\_\_

Inspection Form Printed By \_\_\_\_\_ On \_\_\_/\_\_\_/\_\_\_

Referred to \_\_\_\_\_ On \_\_\_/\_\_\_/\_\_\_

Copy to EH Director \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_

**Complaint Number** \_\_\_\_\_

Case Closed \_\_\_/\_\_\_/\_\_\_

