



**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							

Condition Found: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complaint Status:	Yes	No	Date	Comments
Corrected or Abaited				
Referred				
Awaiting Legal Action				
Follow-up Pending				

Sanitarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_