



Public Health
Prevent. Promote. Protect.

COMPLAINT FORM

Date: _____

Description of public health nuisance:

Location or address of the public health nuisance:

Owner/Occupant of property:

Name of Person Reporting Complaint: _____

Address: _____

Phone number: _____

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. Please note that LTDHD will not take anonymous complaints.

Signature _____ Date: _____

For Health Department Use Only:

Action Taken by Environmentalist:

Environmentalist's Signature _____ Date: _____

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

Environmental Supervisor's Signature: _____ Date: _____