

Nuisance Complaint Form

DATE REPORTED: _____ **TIME REPORTED:** _____ AM / PM

REPORTED BY: _____ **PHONE NUMBER:** _____

ADDRESS OF COMPLAINT SITE: _____

RESPONSIBLE PARTY: _____ **PHONE :** _____

RESPONSIBLE PARTY ADDRESS: _____

TYPE OF COMPLAINT: SEWAGE FOOD
 NUISANCE OTHER

COMPLAINT DETAILS:

-- TO BE COMPLETED BY HEALTH DEPARTMENT STAFF --							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">COMPLAINT VALID</td> <td style="padding: 2px;">Y N</td> </tr> <tr> <td style="padding: 2px;">ABATED</td> <td style="padding: 2px;">Y N</td> </tr> <tr> <td style="padding: 2px;">REFERRED</td> <td style="padding: 2px;">Y N</td> </tr> </table>	COMPLAINT VALID	Y N	ABATED	Y N	REFERRED	Y N	<div style="background-color: #e0e0e0; padding: 5px; border: 1px solid black;">RESPONSE:</div> <hr/> <hr/> <hr/>
COMPLAINT VALID	Y N						
ABATED	Y N						
REFERRED	Y N						
_____ Environmentalist	_____ Date						