PORTAGE COUNTY
COMBINED GENERAL HEALTH DISTRICT

NUISANCE COMPLAINT REPORT

THIS IS A PUBLIC RECORD. ANY INFORMATION SUBMITTED ON THIS FORM IS AVAILABLE FOR PUBLIC REVIEW. THE HEALTH DISTRICT WILL NOT ACCEPT UNSIGNED OR ANONYMOUS COMPLAINTS.

PLEASE READ DIRECTIONS CAREFULLY:

1. All information must be completed to the best of your knowledge before the Health Department will investigate your complaint. Any missing or incomplete information could delay investigation.
2. Please be specific as possible in the description and location of the complaint.

PERSON SUBMITTING THE COMPLAINT	
Reported by:	Phone:
Address:	City/State/Zip:
Signature:	Date:
NATURE OF COMPLAINT	
Occupant:	Owner:
Address:	Address:
Township/City:	Township/City:
Phone:	Phone:
COMPLAINT LOCATION AND COMPLETE DESCRIPTION OF THE PROBLEM	
INVESTIGATION FINDINGS SUMMARY (Official Use Only)	
Valid Y __ N __ Inspector: _____ Date: _____	

Created: 04.2015 Revised: 01.08.2018

This Agency is an equal provider of services and an equal employment opportunity employer – Civil Rights Act 1964 (CRA)