

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 as 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: 06.06.2023