



ST. CLAIR COUNTY HEALTH DEPARTMENT  
 3415 28<sup>TH</sup> STREET  
 PORT HURON MI 48060  
 OFFICE: (810) 987-5306 / FAX: (810) 985-5533

Clerical Use Only:  
 Complaint No. \_\_\_\_\_

**NUISANCE COMPLAINT FORM**

TYPE OF COMPLAINT:    SEWAGE    FOOD    SOIL EROSION    OTHER \_\_\_\_\_  
 SMOKE FREE 129 (Food Service Establishment)    SMOKE FREE 126 (Workplace)

DESCRIPTION:

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LOCATION OF COMPLAINT:   Property Owner / Facility Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City / Township: \_\_\_\_\_   State: \_\_\_\_\_   Zip: \_\_\_\_\_

THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS THIS REQUEST AND WILL BE KEPT CONFIDENTIAL TO THE EXTENT AS PERMITTED BY LAW.

REPORTED BY:   Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_   State: \_\_\_\_\_   Zip: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_   DATE: \_\_\_\_\_

**\*\*\* FOR HEALTH DEPARTMENT USE ONLY \*\*\***

DATE RECEIVED: \_\_\_\_\_   RECEIVED BY: \_\_\_\_\_

DATE INVESTIGATION STARTED: \_\_\_\_\_   LOGGED:    YES    NO

INVESTIGATION RESULTS:

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SEE ATTACHED  

REFERRED TO:    MDNRE \_\_\_\_\_    Local Township / City \_\_\_\_\_  
 MDARD \_\_\_\_\_    Other \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_   DATE RESOLVED: \_\_\_\_\_