



Environmental Health Division
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Website: scchealth.co

ENVIRONMENTAL HEALTH COMPLAINT FORM

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

In cases such as bedbugs, mold, and other complaints that are not regulated by SCCHD, only education can be provided.

DESCRIPTION:
[]

LOCATION OF COMPLAINT: Property Owner/Facility Name:
Address:
City/Township: State: Zip:
Phone Number:

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

REPORTED BY: Name:
Address:
City/Township: State: Zip:
Phone Number: Email:
Signature: Date:

HEALTH DEPARTMENT USE ONLY

DATE RECEIVED: RECEIVED BY:

COMPLAINT NUMBER: [] EDUCATION [] DATE INVESTIGATION INITIATED

OUTCOME:
[]

REFERRED TO: [] Local Township/City
[] MDARD [] EGLE [] OTHER [] SEE ATTACHED

STAFF SIGNATURE: DATE:

THIS FORM MUST BE SUBMITTED IN PERSON, MAILED OR AS A PDF.