



Environmental Health Division
220 Fort Street, Port Huron, MI 48060
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Website: www.scchealth.co/EH

NUISANCE COMPLAINT FORM

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

DESCRIPTION:

Property Owner/Facility Name:

LOCATION OF COMPLAINT: 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:**

*****HEALTH DEPARTMENT USE ONLY*****

DATE RECEIVED: **RECEIVED BY:**

COMPLAINT NUMBER: **DATE INVESTIGATION**

INVESTIGATION RESULTS:

SEE ATTACHED

REFERRED TO: MDNE _____ Local Township/City _____
 MDARD _____ Other _____

STAFF SIGNATURE: _____ **DATE RESOLVED:** _____