



Environmental Health Division
 220 Fort Street, Port Huron, MI 48060
 Office: (810) 987-5306 Fax: (810) 985-5533
environmentalhealth@stclaircounty.org
 Website: www.scchealth.co/EH

NUISANCE COMPLAINT FORM	
TYPE OF COMPLAINT: <input type="checkbox"/> SEWAGE <input type="checkbox"/> FOOD <input type="checkbox"/> SOIL EROSION <input type="checkbox"/> OTHER _____ <input type="checkbox"/> SMOKE FREE 129 (Food Service Establishment) <input type="checkbox"/> SMOKE FREE 126 (Workplace)	
DESCRIPTION: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>	
LOCATION OF COMPLAINT:	<u>Property Owner/Facility Name:</u> _____ <u>Street Address:</u> _____ <u>City/Township:</u> _____ <u>State:</u> _____ <u>Zip:</u> _____
THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS THIS REQUEST AND WILL BE KEPT CONFIDENTIAL TO THE EXTENT AS PERMITTED BY LAW.	
REPORTED BY:	<u>Name:</u> _____ <u>Street Address:</u> _____ <u>City:</u> _____ <u>State:</u> _____ <u>Zip:</u> _____ <u>Daytime Phone Number:</u> _____
SIGNATURE: _____	DATE: _____
HEALTH DEPARTMENT USE ONLY	
DATE RECIEVED: _____	RECEIVED BY: _____
COMPLAINT NUMBER: _____	DATE INVESTIGATION _____
INVESTIGATION RESULTS: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>	
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">SEE ATTACHED <input type="checkbox"/></div>	
REFERRED TO: <input type="checkbox"/> MDNE _____ <input type="checkbox"/> Local Township/City _____ <input type="checkbox"/> MDARD _____ <input type="checkbox"/> Other _____	
STAFF SIGNATURE: _____ DATE RESOLVED: _____	