



**Environmental Health Division**  
 220 Fort Street, Port Huron, MI 48060  
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 Website: [www.scchealth.co/EH](http://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:**

**LOCATION OF COMPLAINT:**

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

THE FOLLOWING INFORMATION IS **REQUIRED** TO PROCESS THEIR 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:** \_\_\_\_\_