



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

ENVIRONMENTAL HEALTH COMPLAINT FORM

THIS FORM MUST BE FILLED OUT WITH ALL REQUIRED INFORMATION. REQUIRED FIELDS ARE MARKED WITH AN ASTERISK (*).
THIS FORM MUST BE SUBMITTED IN PERSON, MAILED OR AS A PDF.

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*:** _____

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HEALTH DEPARTMENT USE ONLY

DATE RECEIVED: _____ **RECEIVED BY:** _____

COMPLAINT NUMBER: _____ ☐ INVESTIGATION ☐ EDUCATION **DATE OF CONTACT** _____

OUTCOME: _____

REFERRED TO: ☐ Local Township/City _____

☐ MDARD ☐ EGLE ☐ Other _____ ☐ SEE ATTACHED

STAFF SIGNATURE: _____ **DATE:** _____