



Environmental Health Complaint Form

Received by (Office Personnel): _____ Case #: _____

Complainant Name: _____ Date: _____

Address: _____

Complainant Phone Number: _____

Type of Complaint (check each category as applicable)

Animals

Land Application
Manure
Odors

Air Quality

Indoor Air
Odors
Open Burning

Water Quality

Drinking Water
Stream Pollution
Swimming Pool

Septic System

Visible Failure
Non-Functioning

Housing / Property

Garbage / Trash
Building Structure
Water
Sewage
Lead
Open Dumping

Insect Infestation (type): _____
Plumbing
Rodent Infestation (type): _____
Tires
Mold
Other (type): _____

Location of complaint: _____

Directions to complaint: _____

Occupant(s): _____

Property Owner(s): _____

Owner Address: _____

Owner Phone: _____

Please describe your complaint in detail:
