

ST. CLAIR COUNTY HEALTH DEPARTMENT
 3415 28TH STREET
 PORT HURON MI 48060
 OFFICE: (810) 987-5306 / FAX: (810) 985-5533

Clerical Use Only:
 Complaint No. _____
 ID No. _____

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: _____

FOR HEALTH DEPARTMENT USE ONLY

DATE RECEIVED:	RECEIVED BY:
DATE INSPECTED:	LOGGED: <input type="checkbox"/> YES <input type="checkbox"/> NO

INVESTIGATION RESULTS:

SEE ATTACHED

REFERRED TO: MDNRE _____ Local Township / City _____
 MDA _____ Other _____

STAFF SIGNATURE: _____ DATE: _____