

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

COMPLAINT # \_\_\_\_\_

<b>NUISANCE COMPLAINT FORM</b>	
TYPE OF COMPLAINT: <input type="checkbox"/> SEWAGE <input type="checkbox"/> FOOD <input type="checkbox"/> SOIL EROSION <input type="checkbox"/> OTHER _____	
DESCRIPTION:	
<u>Property Owner / Facility Name:</u>	
LOCATION OF COMPLAINT:	<u>Street Address:</u>
	<u>City / Township:</u> _____ <u>State:</u> _____ <u>Zip:</u> _____
THE FOLLOWING INFORMATION IS <b>REQUIRED</b> 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:
<b>FOR HEALTH DEPARTMENT USE ONLY</b>	
DATE RECEIVED:	RECEIVED BY:
DATE INSPECTED:	LOGGED: <input type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATION RESULTS:	
SEE ATTACHED <input type="checkbox"/>	
REFERRED TO: <input type="checkbox"/> MDEQ _____	<input type="checkbox"/> Local Township / City _____
<input type="checkbox"/> MDA _____	<input type="checkbox"/> Other _____
SANITARIAN SIGNATURE:	DATE: