



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

Clerical Use Only:  
 Complaint No. \_\_\_\_\_

**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 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 INVESTIGATION STARTED:	LOGGED: <input type="checkbox"/> YES <input type="checkbox"/> NO

INVESTIGATION RESULTS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SEE ATTACHED

REFERRED TO:  MDNRE \_\_\_\_\_  Local Township / City \_\_\_\_\_  
 MDARD \_\_\_\_\_  Other \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE RESOLVED: \_\_\_\_\_