



# Clinton County Health District

Public Health - Prevent. Promote. Protect.

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Wilmington, Ohio 45177  
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937.382.3829

## General Complaint Form

Solid Waste     Sewage     Ground Water     Vectors     Other: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received by: \_\_\_\_\_

**Complaint Filed by:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Location of Complaint:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Additional information regarding complaint: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### - OFFICE USE ONLY -

Declined to investigate:  No     Yes    If yes, reason: \_\_\_\_\_

Is the property owner occupied or rental? \_\_\_\_\_

Did you discuss the nuisance problem with occupant? \_\_\_\_\_

Investigation Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Investigation closed -- Evaluating REHS/EHSIT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reported results to complainant by: \_\_\_\_\_

