

Clinton County Health District 111 S Nelson Ave Suite 1 Wilmington, Ohio 45177

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Phone: (937)382-3829 Fax: (937)382-7027 Email: info@clincohd.com



Complaint Form

□ Solid Waste □ Date:	☐ Sewage ☐ Groun	nd Water
Complaint Filed by: Name:		Location of Complaint: Name:
Address:		Address:
Phone:		Phone:
Complete details of complain	nt:	
*********		**************************************
Declined to investigate: N	lo □ Yes If ye	s, reason:
Is the property owner occup	ied or rental?	
Did you discuss the nuisance	e problem with occuր	pant?
Investigation Comments:		
Investigation closed Eva	luating sanitarian:	Date:
Reported results to complain Revised: 06/2022	nant by:	