

COMPLAINT FORM

Complaint Type (Check One Box)

Food Borne Illness (Attach Forms A, C1/C2) Food Complaint

Wastewater Drinking Water Other

Person Receiving Call \ Fax \ E-Mail: _____

Date of Call: _____ Time of Call: _____ (AM) (PM)

Date of Occurrence: _____ Time of Occurrence: _____ (AM) (PM)

Information Source

Complainant/Source: _____

Phone # (Home): _____ (Work): _____

Address: _____

Nature of Complaint

Address/Location: _____

Township: _____ County: Midland

Person Responsible for Nuisance: _____

Property Owner: _____ Phone #: (H) _____

Mailing Address: _____ Phone #: (W) _____

Description of Complaint: _____

Investigative Report

Date: _____ Person Interviewed: _____

Environmental Health Specialist: _____

Specific Code Violation: _____

Investigation Findings: _____

Action Taken: _____

Complaint Requires Re-inspection: Yes ___ No ___ Re-inspection Date: _____

Date Action Completed: _____

- () The nuisance has been abated in accordance with applicable public health law(s) and practice.
- () The complaint has been investigated and addressed with the owner/operator or does not appear to be a public health nuisance.
- () The complaint does not appear to fall within the jurisdiction of the LHD and has been referred to _____ for possible resolution.
- () All enforcement resources have been exhausted and have been unsuccessful. The matter has been referred for further action to the Midland County Prosecutor's Office on _____ (see attached letter).