

# PUBLIC HEALTH NUSIANCE COMPLAINT

TORONTO CITY HEALTH DISTRICT  
416 Clark Street  
Toronto Ohio 43964  
537-2750  
FAX 537-2715

JEFFERSON COUNTY GENERAL HEALTH DISTRICT  
500 Market Street – Suite B  
Steubenville, Ohio 43952  
283-8535  
FAX 283-8507

This is a public record. Any information you submit on this form is available for public review.

NAME OF OFFENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PROPERTY OWNER (if other than offender): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DESCRIPTION OF PUBLIC HEALTH NUSIANCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION OF NUSIANCE IF NOT AT OFFENDERS MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**The District Board of Health will not accept anonymous complaints**

DATE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

COMPLAINANT'S SIGNATURE: \_\_\_\_\_

PRINTED NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CODE

POL SUB

NUMBER

TYPE OF COMPLAINT

INVESTIGATOR: \_\_\_\_\_

DATE: ASSIGNED: \_\_\_\_\_

INITIAL FIELD INVESTIGATION DATE: \_\_\_\_\_

CONDITIONS AND FACTS OBSERVED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PICTURES: \_\_\_\_\_ VERBAL ORDERS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEADLINE FOR ABATEMENT: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

CORRESPONDENCE DATES: \_\_\_\_\_

DATE OF ABATMENT: \_\_\_\_\_

REFERRED TO BOARD OF HEALTH FOR ENFORCEMENT: \_\_\_\_\_

REFERRED TO PROSECUTOR: \_\_\_\_\_