



JEFFERSON COUNTY General Health District

— Prevent. Promote. Protect. —

PUBLIC HEALTH NUISANCE COMPLAINT

NAME OF OFFENDER: _____

ADDRESS: _____

PROPERTY OWNER (if other than offender): _____

ADDRESS: _____

DESCRIPTION OF PUBLIC HEALTH NUISANCE:

LOCATION OF NUISANCE IF NOT AT OFFENDERS MAILING ADDRESS:

**THE JEFFERSON COUNTY GENERAL HEALTH DISTRICT WILL NOT ACCEPT
ANNONYMOUS COMPLAINTS**

DATE: _____ PHONE NUMBER: _____

COMPLAINANT'S SIGNATURE: _____

PRINTED NAME, ADDRESS and EMAIL: _____

| | | | |
|------|---------|--------|-------------------|
| CODE | POL SUB | NUMBER | TYPE OF COMPLAINT |
|------|---------|--------|-------------------|

(Public Nuisance complaint form)

(Rev. 2/2023)

INVESTIGATOR: _____

DATE ASSIGNED: _____

INITIAL FIELD INVESTIGATION DATE: _____

CONDITIONS AND FACTS OBSERVED:

ADDITIONAL COMMENTS:

PICTURES: _____ VERBAL ORDERS: _____

DEADLINE FOR ABATEMENT: _____ EXTENSION: _____

CORRESPONDENCE DATES: _____

DATE OF ABATEMENT: _____

REFERRED TO BOARD OF HEALTH FOR ENFORCEMENT:

REFERRED TO PROSECUTOR:
