



# 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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### THE JEFFERSON COUNTY GENERAL HEALTH DISTRICT WILL NOT ACCEPT ANONYMOUS COMPLAINTS

DATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

PRINTED NAME, ADDRESS and EMAIL: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

CODE	POL SUB	NUMBER	TYPE OF COMPLAINT
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(Public Nuisance complaint form)

(Rev. 7/2024)

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

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

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

CONDITIONS AND FACTS OBSERVED:

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ADDITIONAL COMMENTS:

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

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

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

DATE OF ABATEMENT: \_\_\_\_\_

REFERRED TO BOARD OF HEALTH FOR ENFORCEMENT:

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REFERRED TO PROSECUTOR:

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