

**KNOX COUNTY HEALTH DEPARTMENT**

**NUISANCE COMPLAINT – INVESTIGATION REPORT**

Responsible person: \_\_\_\_\_

Complaint No. \_\_\_\_\_

Address: \_\_\_\_\_

Date filed \_\_\_\_\_

Telephone: \_\_\_\_\_

Received by \_\_\_\_\_

Location: \_\_\_\_\_

Political subdivision \_\_\_\_\_

Description:

Complainant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_



**INITIAL INVESTIGATION REPORT:**

Date \_\_\_\_\_

Sanitarian signature \_\_\_\_\_



Complaint valid?       Yes       No

Classification       Solid Waste       Sewage       FE       FSO  
 Pool/Beach       Mosquito       Other

Follow-up scheduled?       Yes      Date \_\_\_\_\_

Date abated: \_\_\_\_\_