



11660 Upper Gilchrist Rd., Mount Vernon, OH 43050
740-392-2200 ■ knoxhealth.com

NUISANCE COMPLAINT - INVESTIGATION REPORT

Responsible person _____

Complaint No. _____

Address _____

Date filed _____

Telephone _____

Received by _____

Location _____

Political subdivision _____

Complaint Description:

Complainant _____

Phone _____

Address _____

Signature _____

INITIAL INVESTIGATION REPORT: _____

Date _____ Environmental Health Specialist signature _____

Complaint Valid ? Yes No

Classification Solid Waste Sewage FE FSO
 Pool/Beach Mosquito Housing Other

CORRESPONDENCE(S) DATE(S): _____

RE-INSPECTION DATE(S)/COMMENTS: _____

DATE ABATED: _____ BY: _____