

Environmental Health Nuisance Complaint Form



Barry-Eaton
District
Health
Department

Be Active • Be Safe • Be Healthy

COMPLAINT INFORMATION

Date of notification: _____

Complaint Category (circle the category that best applies):

- 1) Garbage/Rubbish 2) Vermin/Vector 3) Smoking
4) Sewage (residential-use) 5) Sewage (non-residential-use) 6) Drinking Water

7) Other (explain): _____

Address of concern (street, apt, suite, city, zip code): _____

Description of the problem or concern: _____

OWNER INFORMATION

First & Last Name: _____

Mailing Address: _____

Phone Number: _____

PERSON FILING THE COMPLAINT

First & Last Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Signature: _____

Eaton County: 1033 Health Care Drive, Charlotte, MI 48813

(517) 541-2615; Fax (517) 541-2686

Barry County: 330 W. Woodlawn Ave, Hastings, MI 49058

(269) 945-9516, press 3 then 5

Health Department Use Only

Facility ID: _____ Sanitarian Assigned to: _____

Investigation Date: _____ Sword Date: _____ Filer Date: _____

Actions Taken: _____

Follow-Up Date: _____ Sword Date: _____ Filer Date: _____

Actions Taken: _____

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Actions Taken: _____
