



NUISANCE COMPLAINT FORM

IN ORDER TO INVESTIGATE A COMPLAINT, OUR DEPARTMENT NEEDS THE FOLLOWING INFORMATION. FILL OUT THIS FORM TO THE BEST OF YOUR KNOWLEDGE. SIGN, DATE, & MAIL IT BACK TO THE CARROLL COUNTY HEALTH DEPARTMENT.

RESIDENT'S NAME _____ PHONE # _____

ADDRESS OF COMPLAINT _____

_____ TOWNSHIP: _____

If different from above:

OWNER OF PROPERTY & MAILING ADDRESS: _____

_____ PHONE# _____

DIRECTIONS TO COMPLAINT SITE: _____

NATURE OF COMPLAINT: _____

****This document is considered public record,
if you wish to remain anonymous, you do not have to sign.***

COMPLAINANT'S NAME, ADDRESS, & PHONE# _____

_____ DATE: _____

HEALTH DEPARTMENT USE

SANITARIAN'S NUISANCE REPORT

DATE REPORTED _____

DATE INSPECTED _____

DESCRIPTION OF NUISANCE _____

SANITARIAN'S REMARKS _____

RESOLUTION 101 VIOLATION CODE (S): _____

SEND ORDERS: _____ **NEED TO CHECK BACK & DATE:** _____

SANITARIAN'S SIGNATURE: _____

SENT TO PROSECUTOR _____

CASE CLOSED _____