



**Public Health**  
Prevent. Promote. Protect.

Zanesville-Muskingum County

## **NUISANCE COMPLAINT FORM**



**NOTICE:** The following information you submit about conditions you believe constitute an individual public health nuisance and/or health hazard may be used as State evidence if legal action is initiated against the responsible party. Confidentiality cannot be guaranteed.

Location of Problem \_\_\_\_\_ City \_\_\_\_\_ Township \_\_\_\_\_

Responsible Person(s) if known \_\_\_\_\_

Responsible Person(s) Address \_\_\_\_\_

Responsible Person(s) Phone Number \_\_\_\_\_ Work Number (if known) \_\_\_\_\_

The alleged violations are as follows: (check if continued on back \_\_\_\_)

I have witnessed the above conditions and request a Health Department inspection.

Complainant's Name \_\_\_\_\_

Complainant's Signature \_\_\_\_\_

Complainant's Address \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*

### **HEALTH DEPARTMENT USE:**

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

SANITARIAN \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

4/24

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