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Public Health Nuisance Complaint Form

A *public* health nuisance interferes with the public, not merely one person or a small group of citizens. For an inspection to be conducted by a sanitarian, the nature of the complaint must cause exposure to hazardous elements or substances that could adversely affect the health of the public or the condition may cause or be expected to cause transmission of disease or cause trauma / injury to the public.

The complaint is regarding:

- | | | |
|--|--|--|
| <input type="checkbox"/> Animal Feces | <input type="checkbox"/> Roaches / Insects | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Garbage / Dumpster | <input type="checkbox"/> Sewage System Problem | <input type="checkbox"/> Water System Problems |
| <input type="checkbox"/> Rats / Mice / Rodents | <input type="checkbox"/> Mosquito breeding | <input type="checkbox"/> Other: _____ |

If the complaint is regarding any of the following, please see the back for more information:

- Bed Bugs
- Suspected mold
- Manufactured Home Park
- Condemning a home / property
- Animal hoarding or excessive number of animals outside
- Poor living conditions inside of a home, not involving sewage and water

Please be advised that the HCPH sanitarians DO NOT have jurisdiction to go inside homes (that are non-rentals) and determine it “unlivable”. We have authority over problems that are on the outside of the home if they are truly causing a hazard for public health.

The nuisance property is: Owned Rented Unknown

If this is a rental situation, have you notified the owner of the problem? Yes No

Was the notification submitted in writing? Yes No

Do you or the person of concern still live at the nuisance property? Yes No

Have you physically witnessed this nuisance? Yes No

Please note that the exact address must be provided for an investigation to take place.

Name of Occupant: _____ Occupant phone #: _____

Address of Nuisance: _____

Township or City: _____ How long has this problem existed? _____

Do you have the name and address of the property owner? Yes No

Owner(s) Name: _____ Owner phone #: _____

Owner(s) Address: _____



An equal opportunity provider of employment and services.



Nature of the Nuisance (Briefly describe the nuisance condition(s) only. Be specific.):

Please be advised that nuisance complaints are a matter of public record. HCPH cannot withhold the name of any complainant. The nuisance complaint must be submitted in a timely manner and information provided cannot be hearsay. You may be asked to sign an affidavit that will be used in a court of law; therefore, Complainant Information below must be provided.

Knowingly providing false or misleading information to a government agency is a crime that may be punishable by a fine, imprisonment, or both.

Complainant Information:

Print Name: _____ Phone: _____ Cell Home Work
Address: _____ City / Zip: _____
Email Address: _____ (optional)
Signed Name: _____ Date: _____

If the nuisance is regarding an issue that we do not have the services to help with, contact one of these agencies:

Animals in need: Huron County Humane Society
246 Woodlawn Ave., Norwalk, OH 44857; (419) 663 – 7158; www.hc-humanesociety.org

Bed Bug Information: www.odh.ohio.gov or www.huroncohealth.com|Resources

Child and Adult Protective Services: Huron County Department of Job and Family Services
185 Shady Lane Dr., Norwalk, OH 44857; (419) 668 – 8126; www.huroncountydjfs.org

Condemning a home/property: Contact the local fire department and/or municipality.

Manufactured Home Parks: Contact the Ohio Department of Commerce at
www.com.ohio.gov/mh.aspx

Open Dumping/Burning: Ohio Environmental Protection Agency – NW District Office
347 N. Dunbridge Rd., Bowling Green, OH 43402; (419) 352– 8461; www.epa.ohio.gov

Suspected Mold: Search the area *Yellow Pages* under mold and mold remediation
Or www.huroncohealth.com|Resources - Indoor Air Quality Resources

Office Use Only

Received by: _____ Date Received: _____ Referred to: _____ Data Entry Complete: _____