Gallia County General Health District
Public Health Nuisance Complaint Form

Name of Complainant: ____________________________   Phone # ________________

Mailing Address: __________________________________________   Zip: __________

Type of Complaint
___ Garbage/Dumping   ___ Sewage   ___ Animals   ___ Water
___ Housing Sanitation ___ Food Establishment   ___ Other

Responsible Parties

Property Owner: ___________________  Occupant: ______________________

Address: _________________________  Address: _______________________

_________________________        _______________________

Phone: ___________________________  Phone: ________________________

Explanation of Complaint: ______________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

Directions To Complaint Location: _______________________________________________

_____________________________________________________

_____________________________________________________

Disclaimer
The Gallia County General Health District requires a written complaint in order to initiate a formal investigation and enforcement action. Copies of complaint correspondence shall be mailed to the complainant as the case progresses to keep you informed of the status of the complaint. In the event the complaint is found not to be valid (i.e. no sanitary code violations found), this does not interfere with your right to pursue civil action in a court of law. During the course of the investigation, the Gallia County Health Department staff will not verbally divulge any information about the complainant. However, in accordance with section 149.43 of the Ohio Revised Code, this public health nuisance complaint is public record, and may be reviewed, or copies obtained from the Gallia County Health Department.

Health Dept. Received Date: ______

Date: _______________       Complaint #: ___________________

Signature of Complainant

Sanitarian Assigned: ____________