

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.

_____ Date: _____

Signature of Complainant

Health Dept. Received Date: _____

Complaint #: _____

Sanitarian Assigned: _____