

# Crawford County General Health District

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Health Commissioner  
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## NUISANCE COMPLAINT FORM

Address of nuisance: \_\_\_\_\_

(Must include exact address to be able to find and investigate.)

Township/Village/City: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of owner: \_\_\_\_\_

How long has this problem existed? \_\_\_\_\_

Have you discussed the problem with the owner? Yes No

What was the owner's reaction? \_\_\_\_\_

If a rental situation, when was the owner or management notified of the problem? \_\_\_\_\_

Was notification in writing? Yes No

What was the owner/managers reaction? \_\_\_\_\_

Are you in the process of being evicted? Yes No

Have you filed this complaint with any other agencies? Yes No

If so, whom? \_\_\_\_\_

Name of occupant (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_

Nature of nuisance (describe the conditions, be descriptive): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please be advised that all complaints are a matter of public record and we cannot withhold the name of any complainant. You may be asked to provide a deposition on the above facts if it becomes necessary to obtain an administrative search warrant.*

**Knowingly providing false information to a government agency is a crime and may punishable by imprisonment, fine or both.**

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

HEALTH DEPARTMENT STAFF – ENTER INTO HDIS – BE SURE TO CHECK FOR EXISTING CASE IN SYSTEM PRIOR TO ADDING A NEW ONE.

02/28/2009