

**Todd-Wadena-Morrison Board of Health**

**Environmental Health Nuisance Complaint Investigation Record**

**Part I – Intake Information**

Name of Complainant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Received by: \_\_\_\_\_

Phone Call \_\_\_\_\_ Letter \_\_\_\_\_ In Person \_\_\_\_\_ Referred to \_\_\_\_\_

**Part II – Complaint**

Name of Owner and/or occupant of premises involved in Complaint:

\_\_\_\_\_

Owner's/Agent Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal Address: \_\_\_\_\_

And/or Section: \_\_\_\_\_

Township: \_\_\_\_\_

**Part III - Findings**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: \_\_\_\_\_ am/pm

Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Findings: (Continued)

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Action Taken: \_\_\_\_\_

- A)    \_\_\_\_\_ Unsubstantiated  
       \_\_\_\_\_ No Further follow-up  
       \_\_\_\_\_ Referred to: \_\_\_\_\_

Reason: \_\_\_\_\_

- B)    \_\_\_\_\_ Substantiated  
       \_\_\_\_\_ Voluntary abatement notice completed and sent. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF FOLLOW-UP INVESTIGATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 Designee (Inspector)

<b><u>DAILIES CODES:</u></b>	<b><u>DAILIES CODES:</u></b>	<b><u>DAILIES CODES:</u></b>
Date: _____	Date: _____	Date: _____
Empl. # _____	Empl. # _____	Empl. # _____
ICD code: _____	ICD code: _____	ICD code: _____
Org #: _____	Org #: _____	Org #: _____
Work code: _____	Work code: _____	Work code: _____
Work Time: _____	Work Time: _____	Work Time: _____
Travel Time: _____	Travel Time: _____	Travel Time: _____
Miles (P) (C): _____	Miles (P) (C): _____	Miles (P) (C): _____
Last Name: _____	Last Name: _____	Last Name: _____
City/Twp: _____	City/Twp: _____	City/Twp: _____