



**WRIGHT COUNTY PUBLIC HEALTH DEPARTMENT
PUBLIC HEALTH NUISANCE COMPLAINT INVESTIGATION REPORT**

INTAKE INFORMATION

DATE/TIME 8/24/2011; 11:15am **RECEIVED BY** Joel Torkelson

PHONE CALL **LETTER** **IN PERSON** **REFERRED TO** _____

NAME OF COMPLAINANT _____ **TELEPHONE** _____

ADDRESS _____

COMPLAINT

NATURE OF COMPLAINT _____

LOCATION OF NUISANCE: ADDRESS _____

CITY/TOWNSHIP _____

NAME OF OWNER AND/OR OCCUPANT OF PREMISES INVOLVED IN COMPLAINT

PHONE _____

FINDINGS

DATE _____ **TIME** _____

REPORT: _____

ORDINANCE OR STATUE VIOLATED _____

ACTION TAKEN: UNSUBSTANTIATED, NO FURTHER PUBLIC HEALTH FOLLOW UP

REFERRED TO: _____

REASON: _____

REFERRED FOR ABATEMENT **DATE:** _____

DATE OF FOLLOW-UP INVESTIGATION _____

DESIGNATED AGENT

PUBLIC HEALTH NUISANCE COMPLAINT FINDINGS CONTINUED:
