

Aitkin County Health & Human Services
Public Health Nuisance Complaint Investigation Record
Part I - Intake Information

Appendix A

Confidential Information

Date/Time:

Received By: **Tom Burke**

Phone Call: _____ Letter _____ In person _____ E-Mail _____

Name of Complaint:

Address:

Part II - Complaint

Public Information

Nature of Complaint:

Location of Nuisance/Directions:

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

Part III - Findings

Date:

Time:

Findings:

Ordinance or Statute Violated: **Public Health Nuisance**

Action Taken:

_____ Unsubstantiated, no further follow-up

_____ Referred to: _____

_____ Abatement ordered: _____

Tom Burke, Director
Aitkin County Health & Human Services
Designated Agent