

**Cass County Health, Human & Veterans Services  
Board of Health**

**PUBLIC HEALTH NUISANCE COMPLAINT INVESTIGATION RECORD**

**Part I – Intake Information**

Name of Complainant \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_\_\_

Owners/Agent Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions \_\_\_\_\_

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

Legal Owner \_\_\_\_\_

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

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

Township \_\_\_\_\_

**Part III – Findings**

Date of Inspection \_\_\_\_\_ Findings \_\_\_\_\_

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

Action Taken

\_\_\_\_\_ A) Unsubstantiated

\_\_\_\_\_ No further follow-up

\_\_\_\_\_ Referred to \_\_\_\_\_

\_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_ B) Substantiated

\_\_\_\_\_ Voluntary abatement notice completed and sent.

Date \_\_\_\_\_ (Go to Part IV)

**Part IV – Voluntary Abatement Follow-up Investigation**

Date of follow-up investigation \_\_\_\_\_

Follow-Up Findings \_\_\_\_\_

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

Action Taken

\_\_\_\_\_ A) Voluntary abated, no further follow-up

\_\_\_\_\_ B) Official Abatement notice complete and sent

Date \_\_\_\_\_ (Go to Part V)

**Part V – Abatement Follow-up Investigation**

Date of follow-up investigation \_\_\_\_\_

Follow-Up Findings \_\_\_\_\_

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Designee (Inspector)