



Environmental Health and Emergency Preparedness

560 Rice Drive, West Union, Ohio 45693

Phone: (937) 544-5547 Fax: (937) 544-3035

Nuisance Complaint Form and Procedure

Complete the attached form and return it to the Adams County Health Department located at 560 Rice Drive, West Union, Ohio 45693

Please be advised that we do not accept anonymous complaints due to legal reason. If it becomes necessary to take court action against the owner to abate the nuisance, you will be subpoenaed to testify that you filed the complaint and why. All complaint forms must be completely filled to the best of your knowledge and signed to be considered valid.

Complaints will not be accepted by phone call.

This complaint form will become public record after it has been included in the address file. Our staff will not release the complainant's name unless a public records request is made for the file.

Due to staffing limitation nuisance complaints are investigated as they are received and when our sanitarians are conducting other routine inspections in the area (unless they are deemed an emergency or an immediate direct threat to the public's health).

If you have any questions, please feel free to contact the Adams County Health Department, Environmental Health Staff during regular business hours. Our office number is (937) 544-5547 ext. 103, 115, or 116.



**Adams County
Health Department**

Public Health
Prevent. Promote. Protect.

Environmental Health and Emergency Preparedness

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Phone: (937) 544-5547 Fax: (937) 544-3035

Complaint #: _____

Nuisance Complaint Form

Type of Complaint: Sewage Housing Solid Waste Other

Address of Complaint: _____

Owner/Responsible Person: _____

Owner's Address: _____

Owner's Telephone Number: (____) _____

Nature of Complaint: _____

Complainant Name: _____ Phone #: _____

Address: _____

I am aware that in the event that court action is necessary to correct this condition this nuisance complaint form may be used as evidence and that I may be called upon to give testimony in support thereof. I attest that the above information is complete and valid to the best of my knowledge. Further I agree that I am not being coerced by other person, agency or organization to complete this form.

Complainant Signature: _____ Date: _____

Investigation/ Field Notes

Inspection Date: _____ Sanitarian: _____

Complaint Status: Valid _____ Invalid and Closed _____

Photo's Taken: Yes _____ No _____

Conditions Found: _____

Re-inspection Date: _____

Photo's Taken: Yes _____ No _____

Conditions Found: _____



Date Abated: _____ Date of Administrative Hearing: _____

Date of BOH Hearing: _____ Date Presented to Prosecutor's Office: _____

Sanitarian Signature: _____ Date: _____