PUBLIC HEALTH NUISANCE COMPLAINTS

The Environmental Health Division accepts general nuisance complaints from the public. The complaint **MUST** be made in writing and provide specific information regarding the complaint, including the exact location of the problem, the owner of the problem if known, a description of the complaint, the complainant’s name, address, and telephone number in case we need to contact them. All efforts are made to keep the personal information of the complainant confidential, however **this form is considered public record**. The Ross County Health District cannot guarantee anonymity for the complainant.

The Environmental Health Division responds to complaints of environmental conditions that may pose a threat to public health. The department will evaluate each situation and determine the exact threat and attempt to educate the persons concerned while getting them to remove or abate the nuisance condition.

The Ross County Health District does not enforce any building or housing maintenance code. For issues dealing with electrical, roofing, structure, etc. contact your city/village offices to find out if there are residential building codes within your city/village. A concerned citizen should take the following two steps prior to filing a formal complaint with the Ross County Health District:

1. Ask yourself if the nuisance condition is health related. The enforcement ability of public health is limited to conditions which threaten the public health. A condition may certainly be a nuisance to you, but it may not be a public health nuisance.

2. Address your concerns to the offending party and attempt to work out a solution directly. If you attempt to resolve the problem, but are unsuccessful, then it may be appropriate to file a public health nuisance complaint.
Public Health Nuisance Complaint Form

PLEASE PRINT CLEARLY

Date: ____________________________

Offender: ___________________________________________________________

Address: __________________________________________________________________

Property Owner (If different from Above): 
________________________________________________________________________

Description of Public Health Nuisance:
________________________________________
________________________________________
________________________________________
________________________________________

Location of Nuisance: ____________________________________________

Complainant information is required before a Sanitarian can do an investigation. Please complete the following.

Complainant’s Name (Printed/Required): ______________________________________

Phone (Required): __________________

Address (Required):
________________________________________________________________________

Complainant’s Signature (Required): ______________________________________

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