

**CLINTON COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH AND SAFETY DIVISION**

133 Margaret Street, Plattsburgh, NY 12901  
Phone (518) 565-4870 FAX (518) 565-4843

**NUISANCE COMPLAINT INFORMATION FORM**

**SECTION A – To be completed by complainant:**

**(ALL INFORMATION IN THIS SECTION WILL BE KEPT CONFIDENTIAL)**

**TYPE OF COMPLAINT (PLEASE CIRCLE)**

- |                            |                              |                |                    |
|----------------------------|------------------------------|----------------|--------------------|
| <b>AIR POLLUTION</b>       | <b>HOUSING</b>               | <b>SEWAGE</b>  | <b>SOLID WASTE</b> |
| <b>FOOD</b>                | <b>INDOOR AIR</b>            | <b>SMOKING</b> | <b>VERMIN</b>      |
| <b>HAZARDOUS MATERIALS</b> | <b>OTHER (SPECIFY) _____</b> |                | <b>WATER</b>       |

**COMPLAINANT:**

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Signature \_\_\_\_\_ Date filed \_\_\_\_\_

**ALLEGED VIOLATOR:**

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Town / City / Village \_\_\_\_\_ Legislative District \_\_\_\_\_

Directions \_\_\_\_\_

Nature of Problem \_\_\_\_\_

Best time to witness problem (please circle): Morning / Afternoon / Evening / Anytime / Specific Time \_\_\_\_\_

**SECTION B – To be completed by Health Department:**

Is the nuisance at a facility permitted by the Health Department? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, type \_\_\_\_\_ Name of facility \_\_\_\_\_

Facility Code # \_\_\_\_\_ Fed ID \_\_\_\_\_

Assigned to \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Access/eHIPS Data Entry \_\_\_\_/\_\_\_\_/\_\_\_\_

Reassigned to \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Inspection Form Printed \_\_\_\_/\_\_\_\_/\_\_\_\_

Referred to \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Copy to EH Director \_\_\_\_/\_\_\_\_/\_\_\_\_

**Complaint Number** \_\_\_\_\_

Date closed \_\_\_\_/\_\_\_\_/\_\_\_\_

