

STATE OF WEST VIRGINIA
HEALTH DEPARTMENT
NUISANCE INVESTIGATION REPORT

PLEASE PRINT

I REQUEST AN INVESTIGATION OF THE PUBLIC HEALTH HAZARD OR NUISANCE DESCRIBED BELOW:

LOCATION (BE SPECIFIC): _____

PERSON OR PERSONS RESPONSIBLE
FOR THE CONDITION:

OWNER OF PROPERTY (IF DIFFERENT)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

HOW LONG HAS THIS CONDITION EXISTED? _____

HAVE YOU REPORTED THIS CONDITION TO THE PERSON RESPONSIBLE? YES NO

WAS THIS CONDITION REPORTED TO THE HEALTH DEPARTMENT PREVIOUSLY? YES NO

WHEN? _____ TO ANOTHER AGENCY? YES NO WHAT AGENCY? _____

BY MAKING THIS REQUEST FOR AN INVESTIGATION, I ACKNOWLEDGE THAT THE HEALTH DEPARTMENT MAY TAKE ALL NECESSARY STEPS CONSISTENT WITH THE APPROPRIATE LAWS TO INVESTIGATE AND EFFECT CORRECTION IF SUCH IS WARRANTED. SUCH ACTION MAY INVOLVE REFERRAL TO OTHER AGENCIES OR LEGAL ACTION THAT MAY REQUIRE THE NEED FOR COURT APPEARANCE AND TESTIMONY TO CORROBORATE THE CONDITIONS STATED IN THIS COMPLAINT.

PERSON REQUESTING THE INVESTIGATION:

NAME: _____ SIGNATURE: _____ DATE: _____

ADDRESS: _____ PHONE NUMBER: _____

FOR HEALTH DEPARTMENT USE:

Complaint	Yes	No	Date	Action taken	Yes	No	Date
Investigated				Written Notice			
Previously Investigated				Verbal Notice			
Justified							

Condition found: _____

Complaint Status	Yes	No	Date	Comments
Corrected or Abated				
Referred				
Awaiting Legal Action				
Follow-up Pending				

Sanitarian signature: _____

Date: _____