

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: _____