



**HENRY
COUNTY
HEALTH
DEPARTMENT**

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Office Hours: Monday-Friday 8:30^{am} to 4:30^{pm}

PROMOTING HEALTH AND QUALITY OF LIFE FOR ALL RESIDENTS OF HENRY COUNTY

REPORT OF A PUBLIC HEALTH NUISANCE

INSTRUCTIONS: Please fill out this form with complete, legible and accurate information.

Person completing this form		Today's Date	Daytime phone #
Person or party making this complaint			Daytime phone #
Street Address	City	State	Zip code

What is the name and contact information of the offending party?

Name/ Business name
Phone #

Street Address
City
State
Zip code

Where is the nuisance located?

Name/ Business name
Phone #

Street Address
City
State
Zip code

On what date did you first notice this problem?

Have you contacted other agencies, the offending party or others involved regarding this complaint? If yes list them here.

Please describe the problem. Use the reverse side or attach additional documentation if needed.

I understand that the Henry County Health Department cannot guarantee the confidentiality of any information provided on this report. Information contained in nuisance complaints are public record and will be made available to anyone who presents the Henry County Health Department with a valid request.

(Office use only)
ID#_____