

HAMPSHIRE COUNTY HEALTH DEPARTMENT

NUISANCE INVESTIGATION REPORT

DATE REPORTED: \_\_\_\_\_

REPORT #: \_\_\_\_\_

COMPLAINANT: (PRINT) \_\_\_\_\_  
(Name)

(SIGNATURE) \_\_\_\_\_

(Address)

TELEPHONE: \_\_\_\_\_

PERSON RESPONSIBLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DIRECTIONS FOR LOCATING: \_\_\_\_\_

TYPE OF COMPLAINT:

- Animal Pens
- Drainage (waste water –sink and bath)
- Drainage (stagnant ponds, etc)
- Excreta Disposal
- Foods
- Pets (dogs, cats)
- Sewage (public system)
- Sewage (septic tank)
- Vector, rats, etc.
- Other

DESCRIPTION OF COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH DEPARTMENT USE ONLY**

COMPLAINT WAS: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

	Yes	No	Date		Yes	No	Date
Investigated	<input type="checkbox"/>	<input type="checkbox"/>	_____	Written Notice	<input type="checkbox"/>	<input type="checkbox"/>	_____
Previously Reported	<input type="checkbox"/>	<input type="checkbox"/>	_____	Verbal Notice	<input type="checkbox"/>	<input type="checkbox"/>	_____
Previously Investigated	<input type="checkbox"/>	<input type="checkbox"/>	_____	Telephone	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Legal	<input type="checkbox"/>	<input type="checkbox"/>	_____

JUSTIFIED

CONDITION FOUND-COMMENTS AND RECOMMENDATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMPLAINT STATUS:

- Awaiting Legal Action
- Follow-Up Pending
- Corrected or Abated

Investigator: \_\_\_\_\_