

STATE OF WEST VIRGINIA
 Marion County **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			Date
Investigated				Written Notice			
Previously Investigated				Verbal Notice			
Justified							

Condition found: _____

Complaint Status			Date	Comments
Corrected or Abated				
Referred				
Awaiting Legal Action				
Follow-up Pending				

Sanitarian signature: _____ **Date:** _____