



# Madison County Health Department

## Environmental Health Complaint Form

### Identifying Information:

Log in Complaint Log! *Initials: \_\_VL\_\_*

- Date Received: **PIN #**
- Name of Property Owner:
- Address of Property:
- Mailing Address of Owner:
- Contact # of Owner:

### Directions to Site of Complaint:

### Description of Complaint:

**Initial Complaint Investigation Findings:** Investigated within 10 days of receipt of complaint? yes no

### Action Plan:

Update complaint Log! *Initials: \_\_\_\_\_*

- Complaint Justified for EH?  Yes  No (If yes, complete page 2)
- Referral Made?  Yes  No
- If Yes, Where? \_\_\_\_\_
- Lab Tests Needed?  Yes  No
- If Yes, What? \_\_\_\_\_
- If Yes, Completed?  Yes  No

**Reviewed by:**

**Date:**



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<b>Lab Test Results (If Applicable):</b>
<b>Corrective Action(s) Needed:</b>
<b>Notice of Violation Issued:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• If yes, check that the following actions are completed:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Attach NOV to this form</li> <li><input type="checkbox"/> Place a copy in the NOV Book</li> <li><input type="checkbox"/> Document NOV issued in the NOV Tracking Log</li> </ul> </li> </ul>
<b>Follow Up/Corrective Action(s) Taken:</b>
<input type="checkbox"/> Update complaint Log! <i>Initials:</i> _____
<b>Resolved/Secured By:</b> _____ <b>Date:</b> _____
<b>Reviewed By Supervisor:</b> <ul style="list-style-type: none"> <li>• Check that the following actions are completed:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Entire complaint form is completed (all that applies)</li> <li><input type="checkbox"/> EHS initialed and/or signed &amp; dated appropriate sections</li> <li><input type="checkbox"/> Complaint/Resolution is completed to your satisfaction</li> <li><input type="checkbox"/> All applicable findings, applications, labs, etc. are attached</li> <li><input type="checkbox"/> Complaint Log entry is completed</li> <li><input type="checkbox"/> Entire Complaint Packet is place in Complaint Book</li> </ul> </li> </ul>
<b>Supervisor Comments:</b>
<b>Supervisor Signature:</b> _____ <b>Date:</b> _____