



PUBLIC HEALTH HAZARD COMPLAINT FORM

Please select the type of public health hazard:

- | | |
|---|---|
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Garbage attracting pests |
| <input type="checkbox"/> Pests/vermin in public that spread disease | <input type="checkbox"/> Sewage in public |
| <input type="checkbox"/> Body Art Establishment | <input type="checkbox"/> Public Swimming Pool |
| <input type="checkbox"/> Other public health issue not listed | |

Address of Property where public health hazard is located:

If there is no address or address is unknown, please describe how to get to location of public health hazard: _____

Property Owner Name (if known):

Property Owner Address (if different than above):

Please explain how this is a public health hazard that could transmit disease to humans:

Your Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Please return to: Jackson County Health Dept.
Attn: Environmental Health
102 Twin Oaks Drive
Jackson, OH 45640