



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