

COLES COUNTY HEALTH DEPARTMENT
Environmental Health Division
825 18th Street • P.O. Box 1064 • Charleston, IL 61920
Telephone: (217) 348-0530 or (217) 258-0530
Fax: (217) 348-5322

CITIZEN NUISANCE COMPLAINT

Please print and fill in as much information as possible. This form must be completed and signed in order for the Health Department to investigate nuisance complaints.

NAME

HOME TELEPHONE NUMBER

ADDRESS

DAYTIME TELEPHONE NUMBER

CITY, STATE, ZIP

Do you consent to Coles Co. Health Dept. disclosing your identity as complaining party? YES NO

Type of Complaint: (check one)

- CLEAN AIR FOOD SEWAGE SOLID WASTE
 WATER OTHER (DESCRIBE) _____

Owner of Property _____

Occupant of Property _____

Address of Property _____

Telephone _____

Directions to Property _____

Briefly Describe Problem _____

If you remember specific times when the problem occurred, please list time of day and date:

TIME

DATE

Has this problem affected your health? YES NO

If YES, please explain _____

Have you consulted a doctor? YES NO

(Continued on back)

Has the problem damaged your property? YES NO

If YES, describe your property damage _____

Do you have photos, a written record, or other evidence? YES NO

Have you ever worked for the suspected source? YES NO

Have you filed a claim against the responsible party? YES NO

Have you contacted the source and complained? YES NO

If you complained, briefly describe to whom and with what results: _____

Have others been affected by this problem? YES NO

If YES, please provide names and addresses:

NAME

NAME

ADDRESS

ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

Are you willing to testify under oath at an enforcement hearing or in court? YES NO

Have you enclosed additional material? YES NO

YOUR SIGNATURE

DATE

FOR OFFICE USE ONLY
Nuisance Complaint Number:

Date Received:

Return To:

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