

Date Report Taken _____ Parcel Number _____ COM Number: _____

Date Case Closed _____ Person who filed Complaint Notified: Yes No * Required Fields

**JEFFERSON COUNTY ENVIRONMENTAL HEALTH
Concern/Complaint Action Request**

*Information Taken By (staff name) _____

***A. CONCERN/COMPLAINT REGARDING**

Full Name _____ Phone _____

Street or Address of the problem _____

Mailing address if different than above _____

Is there a "no access" letter or notice on file with the County? Yes No - -Any site visitation due to this complaint will be in compliance with Jefferson County policies and procedures regarding trespassing.

No access list is in envhealth (castlehill\group) No Trespass & Do Not Contact Information.

*** B. COMPLAINANT (Required Information – anonymous complaints are not accepted)**

Confidentiality is requested for disclosure may endanger life, personal safety, or property.

Full Name _____ Contact Phone _____

Email _____

* Source: Agency BOCC Citizen JC Staff Confidential

LOCATION OF PROBLEM (if different from A above)

Address or description of location _____

Are there any gates, dogs, no trespassing signs, safety concerns? _____

* Description of Complaint: (In Tidemark add a very brief statement in COM case Description. Ex. – solid waste, septic, hazardous waste)

*Dept./Program Area: On Site Septic Solid Waste Junk Vehicles, Illegal Drug Lab, Burning Food

Drinking Water/Wells Water Quality Tobacco Communicable Disease

Other _____

*Contact/Assigned To EH Staff Name _____ Date _____

If no action necessary: no potential violation in complaint complaint previously investigated see case # _____

referred to _____ other _____

