

Benzie-Leelanau District Health Department

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COMPLAINT FORM

Date Rec'd:	Complaint Number:
Time Rec'd:	Property Tax ID Number:

Type of Complaint: Sewage Garbage Water Supply Tobacco Other _____

The information below is required to process this request and will be kept confidential to the extent as permitted by law.

Reported by:

Name of person making complaint:

Address:

City, State, Zip

Phone number(s):

E-mail:

Signature:

Location of Complaint	
Property Address:	
County:	Township:
Property Owner Information	
Name:	
Mailing Address:	
City, State, Zip:	
Phone Number:	

Please provide as much information as possible to ensure a timely investigation. Photos and other supporting documentation are suggested but not required. A field inspection may be necessary. Some issues may be referred to another local agency or authority, and some involve providing a property owner with educational information. This division does not perform mold testing.

Are children under age 18 in the home? YES NO

Any previous complaints? YES NO

How long has the condition existed?

Description of the nuisance/complaint:

FOR HEALTH DEPARTMENT USE ONLY

Investigating Sanitarian:

Initial Inspection Date:

Public Health Hazard: YES NO

Conditions found:

Signature of Sanitarian:

Action Necessary: YES NO

Permit Required: YES NO

Permit Type:

Permit Number:

Action Taken:

Date Compliance Required:

Referral Required: YES NO

Date Referred:

Referred to (list agency):

Follow Up Inspection Date:

Progress:

Follow Up Inspection Date:

Progress:

Date Closed:

Conclusion:

Sanitarian's Signature: