Public Health and Housing Nuisance Complaint Guidelines

The Athens City-County Health Department needs citizen participation to help in the prevention and elimination of public health nuisances. Everyone in the county has a right to live in a healthy environment. The nuisance complaint process can be an important tool when used appropriately to maintain a healthy environment.

A concerned citizen should take the following two steps prior to filing the attached complaint form:

1. As yourself if the nuisance condition is health-related. The enforcement ability of the health department is limited to conditions which threaten the public health. A condition may certainly be a nuisance to you, but it may not be a public health nuisance.

2. Address your concerns to the offending party, and try to work out a solution directly. If you attempt to resolve the problem this way and are unsuccessful, then it may be appropriate to file a complaint with this office.

All complaints must be submitted on the nuisance complaint form or in writing before it can be investigated. Exceptions are made for emergency situations or complaints against a licensed food facility.

Once a nuisance complaint is filed with this office it becomes a public record. Anyone may obtain a copy of the complaint upon request.

Complaints are investigated in the order in which they are received. This office strives to respond to complaints as quickly as possible. Only valid complaints that are violations of public health codes will be investigated.

All housing complaints in Athens or Nelsonville city limits must be submitted to the respective city code enforcement offices.
REPORT OF A PUBLIC HEALTH NUISANCE

OFFENDER: ________________________________________________________________

ADDRESS: _______________________________________________________________

PROPERTY OWNER (IF DIFFERENT FROM ABOVE): ________________________________

DESCRIPTION OF THE PUBLIC HEALTH NUISANCE: ____________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

LOCATION AND/OR DIRECTION OF NUISANCE: _________________________________
__________________________________________________________________________
__________________________________________________________________________

DATE: ______________

COMPLAINTANT’S SIGNATURE (REQUIRED): _________________________________

PRINT NAME: _________________________ PHONE: _________________________

ADDRESS: _______________________________________________________________

AN EQUAL OPPORTUNITY EMPLOYER
HEALTH DEPARTMENT USE ONLY

INVESTIGATION ASSIGNED TO: ___________________________ DATE: ________________

INITIAL FIELD INSPECTION DATE: ______________________

VIOLATION(S) & COMMENTS: ________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

CORRESPONDENCE(S)/DATES: ________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

REINSPECTION DATE(S)/COMMENT(S): _________________________
_____________________________________________________________________
_____________________________________________________________________

DATE OF ABATEMENT: ____________________________

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