

**(937) 472-0087**

**PREBLE COUNTY GENERAL HEALTH DISTRICT  
COMPLAINT REPORT**

Name of Offender: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Nuisance: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of complainant: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

I consider the above condition to be a public health nuisance – injurious to the health, comfort, or property of individuals of the public – and would be willing to testify, if necessary, concerning the condition.

Date: \_\_\_\_\_ Signature of Complainant: \_\_\_\_\_