



**Miami County Public Health  
Public Health Housing/Nuisance Complaint Form**

Date:
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Your Name:
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Phone #:	Email:
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**\*\*\*All information on this form is considered public information and subject to review or release to any requesting party.**

**\*\*\*Anonymous public health nuisance complaints will not be accepted. Form must be filled out completely to be accepted.**

Street Address of Complaint:	Apt./Unit #
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City or Township:
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Property Owner or Tenant (if known):
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Description of Complaint:
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Are you a tenant living on this property?    YES    NO
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If YES, have you contacted the landlord in writing about your complaint?    YES    NO
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If YES, what was the date of the complaint in writing?
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Has the landlord responded to your complaint?
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