BRIDGET MOHLER, PROGRAM MANAGER 641-828-2238 ext. 251 bmohler@marioncountyiowa.gov MARION COUNTY PUBLIC HEALTH 2003 N. Lincoln, PO Box 152 KNOXVILLE, IA 50138

FORMAL COMPLAINT FORM

Address Being Reported:	
Name of Reported Parcel Owner:	:
Nature of the Complaint:	
Complainant Name: (PLEASE PRINT)	
Phone Number:	
that are received by the County,	oe considered public record. Under lowa Law all complaints are subject to requests under the Freedom of Information any follow up reports generated by this report and may be
	Verification of Complaint
	Complainant Signature
	FOR OFFICE USE ONLY
Date Received:	Received By:
Action Taken:	

FOR OFFICE USE ONLY

Step 1.	YE	Can complaint be handled by local city ordinances or another county department? YES-refer to applicable city/county official: NO-continue with process						
	Dat	te	Initials					
Step 2.	Vis	it Site I	Date	Initials				
Step 3.	Do violations exist? Make a final determination whether conditions identified, in some reasonable way, affects the safety or health of the public. If it appears that there are physical conditions that may create or are creating a public health or safety hazard, a Board of Health member, or staff, should take photos, chronologically organize events, locate hazards, etc							
	In most cases, the following conditions are not considered hazards to public health and safety: deteriorated properties that are structurally sound, weeds, odors, noise, piles of wood, barking dogs, etc The following are examples of conditions that may be considered a nuisance or hazard to public health and safety: Open or abandoned wells, unsecured falling structures, untreated sewage, chemical wastes, noxious weeds, excessive accumulation of metals or refuse, etc							
	Local Boards certainly can make recommendations and referrals (to other policies, regulations, agencies or persons) to help on nuisances evaluated as non-public hazards, BUT THEY ONLY HAVE RESPONSIBILITY TO ASSURE THAT PUBLIC HEALTH HAZARDS ARE ADDRESSED. Date Initials							
Step 4.		present a nui condition. Be	onsible party by sance or hazard e certain to keep	to public health/s detailed/precise	on and give reasoning why the cafety and request a timely respondocumentation of dates and contains	nse to abate the		
	b.	 b. If no response is received, prepare a more detailed request in writing. Outline the observations and reasons why the conditions are considered to be a violation or threat to the public's /community's health. Give a specific time limit for a response and request a plan for correction, but with the additional statement, that the case will be referred to the county attorney if no response is received. Keep a copy of everything, and be prepared to forward copies of documentation and evidence to county attorney in case legal action becomes necessary. Date Initials 						
	c.	 c. If still no response, return to site with previous documentation and photos to confirm existence of conditions. Again, carefully document and photograph findings. Prepare documentation, photos, etc. and meet with the county attorney to request legal action. Date Initials 						
			County E	H Official	Date			