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:						
The information I provide will be considered public record. Under lowa Law all complaints that are received by the County, are subject to requests under the Freedom of Information Act. As such this complaint and any follow up reports generated by this report and may be disseminated to third parties, with approval of Marion County Public Health Director. Verification of Complaint						
	Complainant Signature					
FOR OFFICE USE ONLY						
Date Received:	Received By:					
Action Taken:						
○ Complaint Confirmed (Action to be Taken) ○ Co	omplaint Unfounded Date Closed:					

FOR OFFICE USE ONLY

Step 1.	YES	Can complaint be handled by local city ordinances or another county department? YES-refer to applicable city/county official: NO-continue with process					
	Dat	.e	Initials				
Step 2.	Visi	it Site I	Date	_ Initials			
Step 3.	reas	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					
	dete dog haza	eriorated prop s, etc The f ard to public l reated sewage	erties that are sollowing are enterthealth and safe	structurally sound xamples of condit ty: Open or abanc	onsidered hazards to public has, weeds, odors, noise, piles of the considered loned wells, unsecured fallingly, excessive accumulation of	of wood, barking l a nuisance or ng structures,	
	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.	If violations exist: a. Contact responsible party by written notification and give reasoning why the conditions present a nuisance or hazard to public health/safety and request a timely response to abate condition. Be certain to keep detailed/precise documentation of dates and contacts. Date Initials					response to abate the	
		 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 					
		existence of d	conditions. Agon, photos, etc.	gain, carefully doc	as documentation and photo cument and photograph findi e county attorney to request	ngs. Prepare	
			County I	EH Official	Date		