



MARION COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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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 Iowa 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.

Verification of Complaint

Complainant Signature

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Action Taken:

Complaint Confirmed (Action to be Taken) Complaint Unfounded Date Closed: _____

FOR OFFICE USE ONLY

Step 1. Can complaint be handled by local city ordinances or another county department?
YES-refer to applicable city/county official: _____
NO-continue with process
Date_____ **Initials**_____

Step 2. Visit Site **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. 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 the condition. Be certain to keep detailed/precise documentation of dates and contacts.

Date_____ **Initials**_____

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. 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 EH Official

Date