



St. Lawrence County Public Health Department

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Complaint Form Guidelines & Instructions

The St. Lawrence County Public Health Department will make every effort to resolve public health complaints and nuisances that fall within its authority. The Board of Health needs citizen participation to assist in the prevention and elimination of hazards to the public health. Both St. Lawrence County Board of Health and citizens have a responsibility in this effort to maintain a healthy environment. The nuisance complaint process can be a vital part of this effort when it is used appropriately.

Some Guidelines:

- ➔ Ask yourself if the nuisance condition is health related. While a particular situation may be an inconvenience, an eyesore, or a nuisance, we do not have enforcement power unless it is threatening the public health, validated, and within our authority to resolve. A condition may certainly be a nuisance to you, but it may not be a public health nuisance.
- ➔ Address your concerns to the offending party, and try to work out a solution directly. If you attempt to resolve the problem this way, but are unsuccessful, then it may be appropriate to file a complaint using the appropriate complaint form.

The Form & Process: Please complete, sign, date and mail to us at the noted address.

- ➔ **Anonymity:** If you have concerns about signing the form, or becoming identified by a public records request honorable by law, contact a trustee in your township to file the complaint. Options to investigate, legally enter property and fully resolve are severely limited by anonymous complaints. Contact information must be provided to actively investigate actionable complaints.
- ➔ Complaints are generally investigated in the order in which they are received. The investigation will then determine whether or not the scenario is a public health concern, and if so, the appropriate plan of corrective action.
- ➔ Once a nuisance complaint is filed with our office it becomes a public record. Anyone may obtain a copy of a complaint file upon request.

Complaint Form

Date: _____

Complaint Sewage Water Quality

Complainant Name _____

Complainant Address _____

Complainant Phone # _____

Complainant Email _____

Source Name _____

Source Address _____

Tax ID# _____

Source Phone # _____

Source Email _____

Source Municipality _____

Secondary Complaint:

- | | | |
|--|--|--|
| <input type="checkbox"/> Water Quality | <input type="checkbox"/> Sewage | <input type="checkbox"/> Garbage |
| <input type="checkbox"/> Rodents | <input type="checkbox"/> Insects | <input type="checkbox"/> Mold / IAQ |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Living conditions | <input type="checkbox"/> Building code |
| <input type="checkbox"/> Farm activity | | |

Complaint Details:

Complainant Signature: _____