



Clinton County Health Department

133 Margaret Street, Plattsburgh, New York 12901-2926

“Working Together for a Healthier Community”

www.clintonhealth.org



Public Health
Prevent. Promote. Protect.

Environmental Health & Safety Division

Phone: (518) 565-4870

Fax: (518) 565-4843

NUISANCE COMPLAINTS

PLEASE READ PRIOR TO SUBMISSION OF NUISANCE COMPLAINT INFORMATION FORM

The following information serves to provide a general description of some types of nuisance complaints that are within the jurisdictional responsibility of the Clinton County Health Department.

CCHD:

- Sewage
- Food - Restaurants
- Drinking Water
- Bed Bugs (Hotel/Motel)
- Smoking - Public Property

If your complaint involves one of the topics listed above, you may fill out the *Nuisance Complaint Information Form* and submit it to the CCHD.

If your complaint topic is not listed above, it may be the jurisdiction of another agency and/or department. General, or broad-based topics, may require additional information to designate the correct agency and/or department. Individual entities are responsible for different aspects/areas of some types of complaints. For example: A mold complaint in a hotel/motel is the responsibility of CCHD, whereas a mold complaint in a private rental home is the responsibility of the Local Codes Officer.

The following information serves to provide a general description of some types of nuisance complaints that are within the jurisdictional responsibility of agencies and/or departments other than CCHD:

Local Codes Officer:

- Rental Apartments - **Plumbing, Heating, Mold**

Police:

- **Illegal Activities / Practices, Noise, Garbage** (Clinton Co. Sheriff)

D.E.C. (Department of Environmental Conservation):

- **Outdoor Air, Hazardous Spills / Contamination, Orphan Animals**

Please note: There are other agencies/departments not mentioned on this document that investigate complaints. If your complaint does not match or coincide with any of the above descriptions, or if you are unsure who is responsible for handling your complaint, please contact the CCHD On-Call Duty Officer at (518) 565-4870.



“Persons who have any physical mobility or other needs, call the telephone number above to arrange for accommodations”

CLINTON COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH AND SAFETY DIVISION

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Phone (518) 565-4870 FAX (518) 565-4843

Print & mail or fax to us or "save" and e-mail to health@clintoncountygov.com

NUISANCE COMPLAINT INFORMATION FORM

SECTION A – To be completed by complainant:

(ALL INFORMATION IN THIS SECTION WILL BE KEPT CONFIDENTIAL)

TYPE OF COMPLAINT (PLEASE CHECK ALL RELEVANT)

AIR POLLUTION	HOUSING	SEWAGE	SOLID WASTE
FOOD	INDOOR AIR	SMOKING	VERMIN
HAZARDOUS MATERIALS	OTHER (SPECIFY) _____		WATER

COMPLAINANT:

Name _____ Mailing Address _____

Phone # Home _____ Work _____ Cell _____

Signature _____ Date filed _____

ALLEGED VIOLATOR:

Name _____ Mailing Address _____

Phone # Home _____ Work _____ Cell _____

Town / City / Village _____ Legislative District _____

Directions _____

Nature of Problem _____

Best time to witness problem (check one): AM / Afternoon / PM / Anytime / Specific Time _____

SECTION B – To be completed by Health Department:

Is the nuisance at a facility permitted by the Health Department? YES _____ NO _____

If yes, type _____ Name of facility _____

Facility Code # _____ Fed ID _____

Assigned to _____ Date ___/___/___ Access/eHIPS Data Entry ___/___/___

Reassigned to _____ Date ___/___/___ Inspection Form Printed ___/___/___

Referred to _____ Date ___/___/___ Copy to EH Director ___/___/___

Complaint Number _____

Date closed ___/___/___