



# Clinton County Health Department

133 Margaret Street, Plattsburgh, New York 12901-2926

“Working Together for a Healthier Community”

health.clintoncountyny.gov



**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.**



**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)**

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

**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 \_\_\_/\_\_\_/\_\_\_