

**CITY/COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
100 CENTRAL AVE. RM. 261 - CHEYENNE WY. 82007**

ENVIRONMENTAL HEALTH & NUISANCE ABATEMENT COMPLAINT

PROGRAM: Food Service:____ Mobile Home Park:____ Pool/Spa:____ Animal Waste:____ Septic:____
Vector:____ Nuisance Abatement:____ Other:____

COMPLAINT RECEIVED: Date:_____ Time:_____ am/pm By (initials):_____

COMPLAINT: Address:_____
Owner/Renter Name:_____
Phone:_____ Legal:_____

NATURE OF COMPLAINT: _____

COMPLAINANT NAME: _____
COMPLAINANT ADDRESS: _____
COMPLAINANT PHONE: _____

COMPLAINT REFERRED TO: _____ Date:_____

INVESTIGATION DISCLOSES

Date:_____ Time:_____ am/pm By:_____

ACTION TAKEN: _____

EH#:_____ **County/City** _____ **Final Status:**_____