Brown County General Health District

Christopher T. Haas
Health Commissioner

826 Mt. Orab Pike
Georgetown, OH 45121

Phone: (937) 378-6892
Toll Free: 866-867-6892
Fax: (937) 378-4301
Nursing Fax: (937) 378-3632

Hours of operation
8:00 am – 4:30 pm Monday - Friday

Mission:
To protect and improve the health of Brown County residents by providing preventative services, ensuring healthy environments and promoting healthy lifestyles

Public Health Nuisance Complaints

The Brown County Health Department needs citizen participation to assist in the prevention and elimination of hazards to the public health. Both the Health District 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.

A concerned citizen should take the following two steps prior to filing a formal complaint with the Health Department:

1. Ask yourself if the nuisance condition is health related. Our enforcement ability is limited to conditions, which threaten public health. A condition may certainly be a nuisance to you, but it may not be a Public Health Nuisance.

2. Address your concerns to the offending party, and try to work out a solution directly. If you attempt to resolve the problem in this way, but are unsuccessful, then it may be appropriate to file a complaint.

When a nuisance complaint is filed with our office, it becomes a public record. The complaint form should be filled out in full with directions to the property, details on the nuisance condition, and other necessary information as specified on the form. It is important that the inspecting sanitarian be able to contact the complainant if more information is needed. Therefore, the complainant must include their name, address and phone number on the form. However, if a copy of the complaint is requested we will not disclose the name.

If you have any questions, please contact our office weekdays between 8:00 a.m. and 4:30 p.m.

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Complaint

Date _____
Township_____

Address of Property _____

Driving Directions _____

Details of Complaint _____
_____
_____
_____
_____

Is this rental property? _____ Manager's Phone # _____

Manager's Name _____ Address _____
Were you aware of the problem when you moved in? _____

Owned by
_____
Owner's Address _____

How long has the problem existed? _____

Have you discussed the problem with the owner and what was the reaction? _____
_____
_____

Complainant's Name _____
Address _____
Phone # _____

Office Use Only

Restaurant Name _____ **Address** _____
What food was consumed? _____
Date and Time: _____
Did you receive treatment? _____ **Where?** _____

Equal Opportunity Employer/Provider