



Public Health
Prevent. Promote. Protect.

Tuscarawas County
Health Department

Nuisance Complaint Form

This is a public document and can be viewed upon request.

Please provide as much accurate information on this form as possible. This will help to expedite the investigation and correction of the nuisance. Lack of information may delay or halt the investigation.

Submitters Contact Information:

Name: _____ Phone Number: _____

Address: _____

Address of Complaint: _____


Owners Name: _____ Owners Phone Number: _____



Description of Complaint (attach additional pages if necessary):



Office Use Only:

Date Complaint Received: _____

Employee Receiving Complaint: _____

 897 E. Iron Ave.
Dover, OH 44622

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 (330) 343-1601

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 director@tchdnow.org

