

# COLES COUNTY HEALTH DEPARTMENT

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Director of Nursing

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## COLES COUNTY SOLID WASTE STORAGE AND HANDLING OF REFUSE AND NUISANCES ORDINANCE CITIZEN NUISANCE COMPLAINT FORM

Please print and fill in as much information as possible. This form must be completed and signed in order for the Sheriff's Department and the Health Department to investigate nuisance complaints.

NAME: \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Do you consent to Coles Co. Sheriff's or Health Dept. disclosing your identity as complaining party?  YES  NO

Type of Complaint: (check one)

- CLEAN AIR     FOOD     SEWAGE     SOLID WASTE  
 WATER     OTHER (DESCRIBE)

Owner of Property \_\_\_\_\_

Occupant of Property \_\_\_\_\_

Address of Property \_\_\_\_\_

Telephone \_\_\_\_\_

Directions to Property \_\_\_\_\_

Briefly Describe Problem \_\_\_\_\_

If you remember specific times when the problem occurred, please list time of day and date:

TIME

DATE

Has this problem affected your health?  YES  NO

If YES, please explain \_\_\_\_\_

Have you consulted a doctor?  YES  NO

Continued on back

Has the problem damaged your property?  YES  NO

If YES, describe your property damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have photos, a written record, or other evidence?  YES  NO

Have you ever worked for the suspected source?  YES  NO

Have you filed a claim against the responsible party?  YES  NO

Have you contacted the source and complained?  YES  NO

If you complained, briefly describe to whom and with what results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have others been affected by this problem?  YES  NO

If YES, please provide names and addresses:

NAME: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

Are you willing to testify under oath at an enforcement hearing or in court?  YES  NO

Have you enclosed additional material?  YES  NO

YOUR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



**FOR OFFICE USE ONLY**  
Nuisance Complaint Number: \_\_\_\_\_

**Coles County Health Department**

Date Received: \_\_\_\_\_

RETURN TO:

**COLES COUNTY HEALTH DEPARTMENT**

Environmental Health Division

825 18th Street

Charleston, IL 61920