



# Clinton County Health Department

133 Margaret Street, Plattsburgh, New York 12901-2926  
health.clintoncountyny.gov



**Public Health**  
Prevent. Promote. Protect.

**Environmental Health & Safety Division**

**Phone: (518) 565-4870**

**Fax: (518) 565-4843**

## **Nuisance Complaint Guidance**

**Please read before completing the *Nuisance Complaint Information Form* on page 2.**

Different agencies are responsible for different types of nuisance complaints.

### **Complaints handled by the Clinton County Health Department (CCHD) include:**

- Sewage
- Food – Restaurants
- Drinking water
- Bed bugs (Hotel/Motel)
- Smoking – Public property

If your complaint matches one of the topics above, you may complete and submit the *Nuisance Complaint Information Form* to CCHD.

If your complaint is not listed above, it may be handled by another agency or department. Some general or broad complaints may require additional information to determine the appropriate agency. In certain cases, responsibility depends on the location. For example, mold complaints in hotels or motels are handled by CCHD, while mold complaints in private rental homes are handled by the Local Codes Officer.

### **Complaints commonly handled by other agencies include:**

#### **Local Codes Officer**

- Rental apartments – Plumbing, heating, mold

#### **Police Department**

- Illegal activity or practices
- Noise
- Garbage (Clinton County Sheriff)

#### **Department of Environmental Conservation (D.E.C.)**

- Outdoor air
- Hazardous spills and contamination
- Abandoned or wild animals

Please note that other agencies not listed here may also investigate complaints.

**If you are unsure which agency is responsible, contact the CCHD On-Call Duty Officer at 518-565-4870, Monday through Friday, 9:00 a.m. to 5:00 p.m.**



**Clinton County Health Department**  
**Nuisance Complaint Information Form**

*Instructions:* Fill out this form completely. Submit by mail, fax, or email (send to [health@clintoncountyny.gov](mailto:health@clintoncountyny.gov)). See page 1 for guidance, address, and fax #. For questions, contact the On-Call Duty Officer at 518-565-4870.

**All information provided will be kept confidential.**

**Type of Complaint** (check all that apply):

Air pollution	Housing	Water	Sewage	Solid waste
Food	Indoor air	Smoking	Vermin	Hazardous materials
Other (please describe):				

**Complainant name:**

Mailing address:

Primary phone #:

Secondary phone #:

Signature:

Date filed:

**Alleged violator name:**

Mailing address:

Primary phone #:

Secondary phone #:

Town/City/Village:

Legislative district:

Directions:

Nature of Problem:

Best time to witness problem (check one):

Morning      Afternoon      Evening      Anytime      Specific time:

**For Health Department Use Only**

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 EHS Engineer/Director:

**Complaint Number:**

Date closed: