

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH

PRIVATE PREMISE - COMPLAINT REPORT

Date Received		Inspector			Parish			Date of Report
Nature of Complaint								
Location								
Name of Complainant				Address			Phone	
Owner (Name)				Address			Phone	
Occupant (Name)				Address			Phone	
Building Type or Use				Good	Needs Attention	Comments		
1. Water Supply (Source)								
2. Sewage Disposal (Type								
A. Proper Disposal								
3. Insect and Rodent Control (Mosquito Breeding Places, Rat Harborage)								
4. Solid Waste (Type, Condition)								
5. Pets and Other Animals (Vaccinated)								
6. Drainage (Alleys, Ditches, Yard, etc.)								
Other Sanitary Problems or Comments:								
Date	Follow Up Inspections						Worker	