PHE-26 (11/85)

LOUISIANA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF REVENTIVE AND PUBLIC HEALTH SERVICES

PRIVATE PREMISED - 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 (Alley, Ditches, Yard, etc.)			

Other Sanitary Problems or Comments:

Date	Follow Up Inspections	Worker			

DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH

EXTRA DATA SHEET

LHS 2 R 7 88

Claiborne

PARISH HEALTH UNIT

DATE	ADDITIONAL NOTES	WORKER