**\*FOR OFFICIAL USE ONLY:**

DFS-327 (Rev. 4-88)

COMMONWEALTH OF KENTUCKY

CABINET FOR HUMAN RESOURCES

DEPARTMENT FOR HEALTH SERVICES

**RECORD OF NUISANCE COMPLAINT AND INVESTIGATION**

**\*FOR OFFICIAL USE ONLY:**

**□** 2 Follow-Up

**□** 3 Complaint

**□** 5 Other

SAN. CODE

**PURPOSE:**

ACTION

Complainant: Phone: ( ) Date:

Address:

Street

City

State

Zip Code

Complaint Against:

Phone: ( )

Address:

Street

City

State

Zip Code

Complaint:

**□** by phone

**□** in person

**□** by letter/e-mail

Complaint made:

Complaint received by: Date:

Name & Title

Yes **□**

No **□**

Other agency responsible:

Name of Agency:

Complaint investigation and action taken:

Yes **□**

No **□**

Complainant advised of action taken:

Date:

Investigator: Date:

Health Department: Health Authority:

Name & Title