

Bed Bug Complaint Evaluation Form

Name and contact information must be provided for both complainant and landlord/manager (if applicable).

Name of Complainant		Name of Landlord/Manager	
Phone Number		Phone Number	
E-mail		E-mail	
Address of Residence including room number(s)			
Date(s) problem was experienced			
Briefly describe the complaint <i>If more space is required, please attach additional page(s)</i>			

Directions: For each question below, check the box for “Yes” or “No” and add comments where requested. Answer each question honestly and completely to ensure that your case is properly evaluated by EHC staff members. After receiving the complaint, the EHC will contact you with further information.

	YES	NO
Has any evidence of bed bugs been seen, such as fecal blood spots, larvae, eggs or castings on bed clothes or mattresses, or live/dead insects? If Yes, please describe.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any insects (alive or dead) in your possession?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone experienced bites? If Yes, describe the bite marks and where they appear on the body.	<input type="checkbox"/>	<input type="checkbox"/>
Have bites been examined by medical personnel?	<input type="checkbox"/>	<input type="checkbox"/>
In the past three weeks, did the affected person(s) sleep any place other than the bed in this residence?	<input type="checkbox"/>	<input type="checkbox"/>
Have you discussed the issue with management (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>
What control measures have been attempted so far by you and/or management?	<input type="checkbox"/>	<input type="checkbox"/>

Please sign and date below. EHC will not review this form unless signed and dated. By signing this document you are acknowledging that you have answered all questions honestly and to the best of your knowledge.

If you have evidence of bed bugs, such as photos and/or live or dead bugs, please submit with this form to the EHC.

Mail or fax completed form to:

St. Francis Health Department; 4235 South Nicholson Avenue; St. Francis, WI 53235 • Fax: 414-481-1139

Signature

Date