



ENVIRONMENTAL HEALTH CONSORTIUM

Cudahy, South Milwaukee & St Francis

South Milwaukee Health Department
2424 15th Avenue
South Milwaukee, WI 53172
Ph. 414-768-8055
Fax 414-768-5720



BED BUG COMPLAINT EVALUATION FORM

DATE: _____

PROPERTY ADDRESS: _____

COMPLAINT MADE BY:

PROPERTY OWNER – LANDLORD/MANAGER:

Name _____

Name _____

Contact Address _____

Contact Address _____

Telephone _____

Telephone _____

E-Mail _____

E-Mail _____

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

Is this an ongoing issue? *If Yes, please describe (Provide dates if possible)*

Yes No

Has any evidence of bed bugs been seen, such as blood spots, larvae, eggs, or castings on bed clothes or mattresses? *If Yes, please describe*

Yes No

Do you have any insects (alive or dead) in your possession?

Yes No

Has anyone experienced bites? *If Yes, describe the bite marks and where they appear on the body*

Yes No

Have bites been examined by medical personnel?

Yes No

In the past three weeks, did the affected person(s) sleep any place other than the bed in this residence?

Yes No

Have you discussed the issued with management?

Yes No

What control measures have been attempted so far by you and/or management?

Please sign and date below. The 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 (in a sealed container), please submit with this form to the EHC.

Submit the completed form to: Environmental Health Consortium
South Milwaukee Health Department, 2424 15th Avenue, South Milwaukee, WI 53172

Signature

Date