



**ENVIRONMENTAL HEALTH CONSORTIUM**  
Cudahy, South Milwaukee & St Francis

South Milwaukee Health Department  
2424 15<sup>th</sup> 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 15<sup>th</sup> Avenue, South Milwaukee, WI 53172

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date