

COMPLAINT FORM

DATE RECEIVED _____

NAME OF COMPLAINANT _____

EMAIL ADDRESS _____ PHONE _____

PERSON/LOCATION COMPLAINT IS AGAINST _____

TYPE OF COMPLAINT:

- | | | |
|-----------------------------|-------------------|-------------------|
| AIR POLLUTION | INDUSTRIAL | SEPTIC PROBLEM |
| ANIMALS | JUNK CARS | SEPTIC INSPECTION |
| BURNING GARBAGE | MANURE | STREAM POLLUTION |
| CONTAINER VIOLATIONS | MOSQUITOES | TRASH |
| DUMPS | ODORS | WATER |
| FOOD SERVICE ESTABLISHMENTS | RATS | WEEDS |
| GARBAGE | ROAD SIDE DUMPING | OTHER _____ |
| HOUSING | ROACHES (INSECTS) | _____ |

PROBLEMS _____

THE BELOW IS TO BE FILLED OUT BY PROPER AUTHORITIES ONLY

DATE THE COMPLAINT WAS INVESTIGATED _____

FINDINGS OF THE INVESTIGATION _____

WAS VERBAL NOTICE GIVEN **YES NO** WAS WRITTEN NOTICE GIVEN **YES NO**

WAS LETTER (REGULAR – CERTIFIED) SENT CONCERNING THE COMPLAINT **YES NO**

DATE LETTER WAS SENT _____

WAS THE CONDITION CORRECTED **YES NO** IF THE CONDITION WAS NOT CORRECTED, GIVE REASON _____

WAS THE INDIANA STATE BOARD OF HEALTH CONTACTED CONCERNING THE COMPLAINT **YES NO**

IF THE ANSWER IS YES, WHAT WAS THE DEPARTMENT THAT WAS CONTACTED _____

WHAT IS THE NAME OF INDIVIDUAL THAT WAS CONTACTED _____

COMMENTS OR REPORT GIVEN BY THE ISDH _____

POSEY COUNTY HEALTH DEPARTMENT
126 EAST THIRD STREET – ROOM 20
MOUNT VERNON, IN 47620

COMPLAINT RECEIVED BY _____

SIGNATURE OF COMPLAINANT

TIME GIVEN TO ABATE THE PUBLIC HEALTH PROBLEM _____ DAYS _____ WEEKS.

SIGNED _____