

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  
100 Vista Drive  
MOUNT VERNON, IN 47620

COMPLAINT RECEIVED BY \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

TIME GIVEN TO ABATE THE PUBLIC HEALTH PROBLEM \_\_\_\_\_ DAYS \_\_\_\_\_ WEEKS.

SIGNED \_\_\_\_\_