

COMPLAINT FORM

Name and address of individual complaining _____

Phone Number: _____

Location of the complaint and owner of the property _____

Phone Number: _____

TYPE OF COMPLAINT

- | | | |
|--|--|---|
| <input type="checkbox"/> Air Pollution | <input type="checkbox"/> Industrial | <input type="checkbox"/> Septic Problems |
| <input type="checkbox"/> Garbage | <input type="checkbox"/> Housing | <input type="checkbox"/> Stream Pollution |
| <input type="checkbox"/> Burning Garbage | <input type="checkbox"/> Rats | <input type="checkbox"/> Water |
| <input type="checkbox"/> Open Dumping | <input type="checkbox"/> Roaches (Insects) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Road Side Dumping | <input type="checkbox"/> Mosquitoes | |

Complainant Acknowledgement:

In accordance with IC 16-20-1-25, by signature below I acknowledge that a copy of this complaint may be given to the person, or agency, which is being complained upon. I further acknowledge that filing a false complaint could result in action taken against me.

SIGNATURE OF COMPLAINANT

DATE SIGNED

THE SECTION IS TO BE FILLED OUT BY PROPER AUTHORITIES ONLY

Date Investigation was investigated _____

And the findings of the investigation _____

Was verbal notice given ☐Yes ☐No

Was written notice given ☐Yes ☐No

Date the letter was sent _____

Condition corrected ☐Yes ☐No

If not, provide details _____

Was the Indiana State Board of Health contacted concerning complaint ☐Yes ☐No

If the answer is yes, what was the department that was contacted _____

What is the name of the individual that was contacted _____

Comments or report given by the I.S.B.H _____

COMPLAINT RECEIVED BY :

Dearborn County Health Department
Stephen C. Eliason, M.D. Health Officer
165 Mary Street
Lawrenceburg, IN 47025
Phone: (812) 537-8826
Fax: (812) 537-6302