## **COMPLAINT FORM**

		/luuai	complaining				
					Phone Number	r:	
Loca	ation of the complaint	and c	wner of the prope	rty _			
					Phone Number	r:	
TYP	E OF COMPLAINT						
	Air Pollution		Industrial		Septic Problems		
	Garbage		Housing		Stream Pollution		
	Burning Garbage Open Dumping		Rats Roaches (Insects)		Water		
	Road Side Dumping		Mosquitoes	ш	Other		
Co	mplaintant Ackr	now	ledgement:				
In a	ccordance with IC 16-2	20-1-2	25, by signature be	low I	acknowledge that a copy of	of this complain	t may be given
to t	he person, or agency,	which	is being complain	ed u	oon. I further acknowledge	that filing a fal	se complaint
cou	ld result in action take	n aga	inst me.				
SIGNATURE OF COMPLAINTANT					DATE SIGNED		
	VATORE OF COMILEAN	NTAN	Т		DAT	E SIGNED	
				***	DAT		
	*****	****	******			******	
Date	****** <u>TH</u>	*****	**************************************	ED (	********	********** S ONLY	
	****** <u>TH</u>	***** IE SEC	**************************************	ED (	**************************************	**************************************	
And	******* <u>TH</u> e Investigation was inv	***** IE SEC	**************************************	ED (	OUT BY PROPER AUTHORIE	**************************************	
And Was Was	*******  THE  Investigation was investing the findings of the investigation was investigation was investigation was investigation.	***** IE SEC restiga restiga	**************************************	es 'es	DUT BY PROPER AUTHORIE	**************************************	
And Was Was Date	******  THE  Investigation was investing the findings of the investigation was investigation was investigation was sent at the letter was sent at the second control of the letter was sent at the letter was	***** IE SEC restiga restiga	**************************************	es 'es	DUT BY PROPER AUTHORIE	**************************************	
And Was Was Date Con	******  THE  Investigation was investing the findings of the investigation was investing the findings of the investigation and the findings of the findings of the letter was sent addition corrected	***** IE SEC restiga restiga	eted	es es	DUT BY PROPER AUTHORIE	**************************************	
And Was Was Date Con	******  THE  Investigation was investing the findings of the investigation was investigation was investigation was sent at the letter was sent at the second control of the letter was sent at the letter was	***** IE SEC restiga restiga	*******************  TION IS TO BE FILE  ated ation  \[ \text{\te}\text{\texi\text{\text{\text{\text{\text{\text{\text{\text{\texit{\text{	es es	DUT BY PROPER AUTHORIE	**************************************	
And Was Date Con If no Was	******  THE  Investigation was investing the findings of the investigation was investigation was investigation of the investigation of the investigation of the letter was sent addition corrected of provide details  the Indiana State Board	estigates	ETION IS TO BE FILE  ated	es es	DUT BY PROPER AUTHORIE	S ONLY	□No
And Was Date Con If no Was	******  THE  Investigation was investing the findings of the investigation was investigation was investigation of the investigation of the investigation of the letter was sent addition corrected of provide details  The indiana State Board of the Indiana Sta	estigates the second of the se	eted	es es conc	DUT BY PROPER AUTHORIE  ONO	S ONLY	□No
And Was Date Con If no Was If th	******  THE  Investigation was investing the findings of the investigation was investigation was investigation of the investigation of the investigation of the letter was sent addition corrected of provide details  The indiana State Board of the Indiana Sta	estigates and of was the divident	the department that ual that was contains.	es es conc t wa	DUT BY PROPER AUTHORIE  ONO ONO ONO erning complaint s contacted	S ONLY	□No

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