

# 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 written notice given \_\_\_\_\_

Was verbal notice given  Yes  No

Letter (Regular-Certified) sent  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  
Gary E. Scudder, M.D. Health Officer  
215 B West High Street  
Lawrenceburg, IN 47025  
Phone: (812) 537-8847  
Fax: (812) 537-6302