Pulaski County Health Department

Health Officer: Dr. Timothy R. Day

COMPLAINT FORM

UNDER INDIANA CODE 16-20-1-25, A COPY OF THIS COMPLAINT SHALL BE PROVIDED UPON REQUEST TO THE PERSON WHO IS THE SUBJECT OF THE COMPLAINT.

DATE:

NAME OF PERSON FILING COMPLAINT:

NAME OF PERSON COMPLAINT IS AGAINST:

ADDRESS OF COMPLAINT:

PARCEL ID OF COMPLAINT:

- ☐ **SEPTIC**
- ☐ **OPEN DUMPING**
- ☐ **GARBAGE / TRASH**
- ☐ **HOUSING**
- ☐ **VECTOR**
- ☐ **AIR POLLUTION**
- ☐ **RATS**
- ☐ **WATER**
- ☐ **NUISANCE**

OTHER:

COMPLAINT DESCRIPTION:

I ATTEST THAT ALL THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT PROVIDING FALSE INFORMATION IS A CLASS C MISDEMEANOR. I, AS THE PARTY OF THE PARTY, AGREE TO KEEP THIS INFORMATION AND ALL FUTURE INFORMATION CONFIDENTIAL UNTIL AN INVESTIGATION IS COMPLETED BY THE PULASKI COUNTY HEALTH DEPARTMENT. I FURTHER UNDERSTAND THAT IF THIS CASE BECOMES A MATTER BEFORE THE COURT, I MAY BE COMPELLED TO TESTIFY AS A WITNESS BEFORE THE COURT, AND I HEREBY AGREE TO DO SO.

SIGNATURE: **DATE:**

(574) 946 – 6080
125 S Riverside Drive – Winamac, IN 46996

(219) 567 – 2175
101 Constitution Drive – Francesville, IN 47946

www.in.gov/localhealth/pulaskicounty/

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THE BELOW INFORMATION IS TO BE FILLED OUT BY THE HEALTH DEPARTMENT

COMPLAINT REFERENCE #: _____

DATE COMPLAINT RECEIVED: _____

WAS LETTER SENT CONCERNING THE COMPLAINT: ☐ REGULAR ☐ CERTIFIED

DATE COMPLAINT INVESTIGATED: _____

WAS NOTICE GIVEN: ☐ VERBAL ☐ WRITTEN

HEALTH HAZARD FOUND: ☐ YES ☐ NO

WATER SAMPLE OBTAINED ☐ YES ☐ NO

RESULTS _____ / 100ML

DYE TEST REQUIRED ☐ YES ☐ NO

RESULTS _____

VERBAL NOTICE GIVEN ☐ YES ☐ NO

WRITTEN NOTICE GIVEN ☐ YES ☐ NO

ABATEMENT ORDERED ☐ YES ☐ NO

CORRECTIVE ACTION(S) TAKEN:

COMPLAINT CLOSED ☐ YES ☐ NO

INVESTIGATING OFFICER: _____ DATE: _____

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