

MORGAN COUNTY HEALTH DEPARTMENT

180 S. Main St., Suite 252

Martinsville, IN 46151-1988

Phone 765-342-6621

OFFICIAL COMPLAINT FORM

DATE: _____

CODE NO.: _____

FROM:

Name: _____ Phone No.: (____) _____

Address: _____

COMPLAINT:

Describe Problem: _____

Precise Location of Problem: _____

Person or persons RESPONSIBLE for the unsanitary condition:

Name: _____ Phone No.: (____) _____

Address: _____

- How long has this condition existed? _____

Please answer the following questions yes or no.

- Have you reported this unsanitary condition to the person responsible? _____
- Have you or any of your neighbors reported this unsanitary condition to the Health Dept. previously? _____
- Would you be willing to appear as a witness in the event legal action is instituted against the person or persons responsible for the unsanitary condition? _____
- May this agency refer your complaint to another agency if appropriate? _____

Signed: _____ Dated: _____

NOTE: As our records are open to the public, we cannot guarantee confidentiality.