

Pulaski County Health Department

Health Officer: Dr. Timothy R. Day

125 S Riverside Drive

Winamac, IN 46996

Phone: (574)946-6080

Fax: (574)946-6654

www.in.gov/localhealth/pulaskicounty/

COMPLAINT FORM

Date:

Name of Person Filing Complaint:

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.

Name of Person Complaint is Against:

Address of Complaint:

Parcel ID of Complaint:

Complaint Description:

I hereby 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 party, agree to keep this information and all future information confidential until an investigation is completed by the Fulton County Health Department. I further understand that if this case becomes a matter before the Court that I may be compelled to testify as a witness before the Court and I hereby agree to do so.

Signature

Date

Received: In Person By Mail By Email or Fax

Date Complaint Received: _____

Septic Problem

Garbage and Trash

Air Pollution

Open Dumping

Vector

Rats

Nuisance

Housing

Water

Other

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

Complaint Reference Number _____

[Septic Problem

Vector

[Garbage and Trash

Burning garbage]

Nuisance

Dumps

Other: _____

Housing

Air pollution

Water

Rats

Date the complaint was investigated _____

Health hazard found _____

Complaint investigation findings _____

Water sample obtained yes no Date _____

Results _____ /100ml

Dye test Requested yes, no Date _____

Dye test results and date _____

Was verbal notice given yes no Was written notice given yes no

Was letter (Regular or Certified) sent concerning the complaint yes no

Date the letter was sent _____

Abatement ordered yes no

Corrective action(s) taken _____

Complaint closed yes no

Date _____

Pulaski County Health Department