

Pulaski County Health Department

Health Officer: Dr. Timothy R. Day

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www.in.gov/localhealth/pulaskicounty/

COMPLAINT FORM

Date: _____

Name of Person Filing

Compliant: _____

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 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

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 _____

<input type="checkbox"/> Septic Problem	Vector	
<input type="checkbox"/> Garbage and Trash		Burning garbage <input type="checkbox"/>
<input type="checkbox"/> Nuisance	Dumps	Other: _____
<input type="checkbox"/> Housing	Air pollution	_____
<input type="checkbox"/> 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 a 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