



GREENE COUNTY HEALTH DEPARTMENT

271 EAST SPRING STREET, SUITE 1

BLOOMFIELD, INDIANA 47424

PH: (812) 384-4496

FX: (812) 384-2037

www.co.greene.in.us/health

COMPLAINT FORM

| Official Use Only | | | | |
|--------------------------------|----------------------------------|---------------------------------|---------------------------------|-------|
| Compliant by: | <input type="checkbox"/> Citizen | <input type="checkbox"/> County | <input type="checkbox"/> Other: | _____ |
| Date of Complaint: | _____ | Time: _____ | Received by: | _____ |
| Status | Date | Initials | Notes | |
| Resolved | _____ | _____ | _____ | |
| Written Notice | _____ | _____ | _____ | |
| 2 ND Written Notice | _____ | _____ | _____ | |
| Violation | _____ | _____ | _____ | |
| Prosecutor's Office | _____ | _____ | _____ | |

COMPLAINANT INFORMATION

Complainant: _____ **Date:** _____

Address/City/State/Zip: _____

Phone Number: _____ **Email:** _____

COMPLIANT DETAILS

Type of Complaint:

_____ Septic - Sewage

_____ Food Service

_____ Housing

_____ Garbage - Junk

_____ Mosquitoes

_____ Other (please describe) _____

Location:
(Name, address and/or description of property)

Complaint:

In accordance with IC 16-20-1-25, this document must include adequate details to allow for the verification of unlawful conditions which are the subject of this document. A copy of this complaint shall be provided to the subject of the complaint upon request. The information herein must be truthful to the best of your knowledge. A person who provides false information upon which a health officer relies in issuing an order under this section commits a Class C misdemeanor.

Complainant Signature: _____ **Date:** _____

Signature not required if reported by an agent of the government acting in official capacity.