



## COMPLAINT FORM

Ripley County Health Department  
P.O. Box 745  
Versailles, IN 47042  
Ph. (812)689-5751

### PERSON FILING COMPLAINT

|                           |             |
|---------------------------|-------------|
| 1. Name:                  | 2. Date:    |
| 3. Street address:        | 4. Phone #: |
| 5. City, State, Zip code: | 6. Email:   |

### TYPE OF COMPLAINT:

Animal Abuse/Neglect: \_\_\_\_\_ Septic/ Sewage: \_\_\_\_\_ Lead: \_\_\_\_\_ Swimming Pool: \_\_\_\_\_

Food Establishment: \_\_\_\_\_ Rodents/ Bugs: \_\_\_\_\_ Water/ Well: \_\_\_\_\_ Housing: \_\_\_\_\_

Garbage/ Open dumping: \_\_\_\_\_ Open burning: \_\_\_\_\_ Standing Water: \_\_\_\_\_ Other: \_\_\_\_\_

### OWNER OF LOCATION OF COMPLAINT:

|                      |                           |
|----------------------|---------------------------|
| 1. Name:             | 2. Phone #:               |
| 3. **Street address: | 4. City, State, Zip Code: |

\*\*Direction to property if address is not known:

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### DETAILED DESCRIPTION OF COMPLAINT:

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I HEARBY SWEAR AND AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

IC 16-20-1-25: A Health Officer shall provide a copy of a complaint upon request to the person who is the subject of the complaint. A person who provides false information upon which a Health Officer relies on issuing an order under this section commits a Class C misdemeanor.

## For Office Use Only

Notes From Environmental Staff:

Notes From Nursing Staff:

Notes From Admin:

EHS Signature: \_\_\_\_\_

Nursing Signature: \_\_\_\_\_

Admin Signature: \_\_\_\_\_