



Ripley County Health Department
102 West 1st North Street/PO Box 745
Versailles, IN 47042
(P) 812/689-5751 (F) 812/689-3909
<http://www.ripleyhealth.com>

COMPLAINT FORM

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

Person Filing Complaint: _____ Date: _____

Address: _____ City: _____ State: _____

Phone Number: _____

Email Address: _____

TYPE OF COMPLAINT:

- Animal Abuse/Neglect Septic System/Sewage Lead Swimming Pool Food Establishment
- Rodents/Insects Water/Well Garbage/Open Dumping Housing Open Burning Standing Water

OWNER OF LOCATION OF COMPLAINT

Name: _____

Address: _____ City: _____ State: _____

Phone Number: _____

Directions if no address is known: _____

DETAILED DESCRIPTION OF COMPLAINT

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

Signature of person filing complaint: _____

Date: _____