

**CASS COUNTY HEALTH DEPARTMENT**

1616 Smith Street  
Logansport, Indiana 46947  
Office (574) 753 7760

Dr. Dori Ditty MD  
Health Officer  
Fax (574) 753 7039



# Environmental Complaint & Investigation Report

Date of Complaint: \_\_\_/\_\_\_/\_\_\_

Complaint is about who?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Requestor (Complainant) Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Item(s) of Concern / Complaint: (Circle each category as applicable)

<u>Housing / Property</u>	<u>Public Health</u>	<u>Air Quality</u>	<u>Water Quality</u>	<u>Septic System</u>
Building Structure	Insect Infestations	Indoor Air	Drinking Water	Visible Failure
Garbage / Trash	Rodent Infestations	Odors / Mold	Stream Pollution	Non-Functioning
Open Dumping	Food / Restaurant	Open Burning	Swimming Pool	No OSS System
Sewage Overflow	Dwelling Requirements			

Comments: \_\_\_\_\_ Describe Details: \_\_\_\_\_

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Signed by Complainant \_\_\_\_\_ Date \_\_\_\_\_