

GRANT COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL DIVISION

401 South Adams Street

Marion, IN 46953

*PHONE: (765) 651-2401 ext. 3132 or 3110

*Fax: (765) 651-2419

COMPLAINT FORM

Nature of Complaint, (explain in full detail; continue on back of form if necessary):

Complaint Filed Against:

Owner:

Occupant:

Owner Name: _____

Address: _____

Contact Number: _____

Person Submitting Complaint Name: _____

Address: _____

Contact Number: _____

I believe the above mentioned situation to be a public health issue and the information I have provided is factual. I understand that should legal action become necessary, I may be summoned for testimony in Open Court. I further understand that false reporting is a criminal offense and could result in a prosecution.

Signature: _____

Date: _____