



Blackford County Health Department

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<https://www.in.gov/localhealth/blackfordcounty>

BLACKFORD COUNTY HEALTH DEPARTMENT

COMPLAINT REPORT

COMPLAINANT'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ DATE: _____ TIME: _____

INITIAL COMPLAINT ()

FOLLOW-UP COMPLAINT ()

REGARDING: Please include all necessary information including name(s) and addresses) of person(s) involved in the complaint.

Complainant's Signature: _____

Date Received: _____ Time Received: _____

Remarks:

Environmentalist Signature: _____

SEE ADDITIONAL ATTACHMENTS