

Brown County Department of Health

bchealth@browncounty-in.us

P.O. Box 281 Nashville, IN 47448 812/988-2255 - 812/988-5603 FAX bchealth@browncounty-in.us Norman Oestrike, M.D., Health Officer

Norman Oestrike, M.D. Health Officer

COMPLAINT INVESTIGATION REPORT

Date:	_		
Type of Complaint:			
Air Pollution	Housing	Food	Other:
Garbage/Trash	Junk Cars	Sewage	
Animals	Roaches	Stream Pollution	า
Complaint Details: _			
Location of complain	t:		
If known, provide the	r PollutionHousingFoodOther: arbage/TrashJunk CarsSewage nimalsRoachesStream Pollution laint Details: on of complaint: wn, provide the name, address and phone number of the responsible party for the unsanitary condition(s): e and phone number of person filing the complaint. If you prefer to remain anonymous, please sign name as		
Name and phone number of person filing the complaint. If you prefer to remain anonymous, please sign name as			
assigned by the Sta Department or its re	te Legislature and the Bro epresentative(s) has no aut	wn County Commissioners hority to act. However, upo	. There are many cases in which the Health on receiving a complaint regarding a possible
		For Office Use Only	
EHS Representative:		Date	Investigated:
Findings and Health	Codes:		
Date: A	ction Taken:		