Daviess County Health Department
Daviess County Government Center
300 East Hefron Street, Suite 150
Washington, IN 47501
(812) 254-8674

OFFICIAL USE ONLY

Complaint by: ___Citizen ___DCHD ___ Other_____

Received on _____ **By** _____

___ Abated Date:_____ ___Not Under DCHD Jurisdiction

COMPLAINT FORM

Name of Complainant_____

Address _____

Phone #_____ E-Mail_____

Location of complaint_____

Owner / Occupant of the property _____

Phone #_____ E-Mail_____

TYPE OF COMPLAINT:

☐ SEPTIC - SEWAGE

☐ FOOD SERVICE

☐ HOUSING

☐ JUNK YARD - GARBAGE

☐ MOSQUITOES

☐ OTHER_____

Complaint Description:_____

In accordance with IC 16-20-1-25, this document must include adequate details to allow for the verification of unlawful conditions which are the subject of this document. The information herein must be truthful to the best of your knowledge. A person who provides false information upon which a health officer relies in issuing an order under IC 16-20-1-25 commits a Class C infraction. A copy of this complaint shall be provided to the subject of the complaint upon request.

Signature of Complainant _____ Date_____

(Signature not required if reported by an agent of the government acting in official capacity.)

Rev. 3-2013