



Jennings County Health Department
200 East Brown Street
Vernon, IN 47282
812-352-3024

COMPLAINT FORM

IC 16-20-1-25 Subsection (d) A Health Officer shall provide a copy of a complaint upon request to the person who is the subject of the complaint. (e) A person who provides false information upon which a Health Officer relies on issuing an order under this section commits a Class C misdemeanor.

Person Filing Complaint: _____ Date: _____
Address: _____ City: _____ State: _____
Phone Number: _____
Email Address: _____

OWNER OF LOCATION OF COMPLAINT

Name: _____
Address: _____ City: _____ State: _____
Phone Number: _____
Directions if no address is known: _____

DETAILED DESCRIPTION OF COMPLAINT

I HEREBY SWEAR AND AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Signature of person filing complaint: _____

Date: _____