

NOBLE COUNTY HEALTH DEPARTMENT

2090 N. State Road 9, Suite C
Albion, Indiana 46701

Telephone: (260) 636-2191
Fax: (260) 636-2192
Clinic Fax: (260) 636-3753

Complaint Registered By:

Printed Name: _____

Mailing Address: _____

City/ State/ Zip: _____

Phone Number: _____

Complaint Registered Against:

Printed Name: _____

Mailing Address: _____

City/ State/ Zip: _____

Phone Number: _____

Location: (if no address is available) _____

Complaint Type:

_____ : Food Issues

_____ : Mold

_____ : On-Site Sewage Disposal

_____ : Animal Bites

_____ : Landlord Complaints

_____ : Public Nuisance

_____ : Living Conditions

Other: _____

Description of complaint issues:

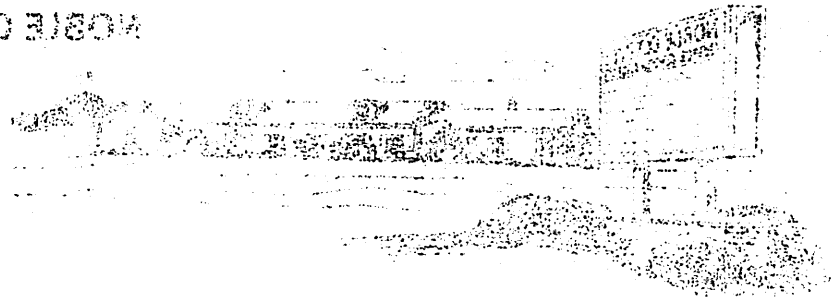
By my signature I understand that this form is public knowledge and the accused will be aware of the information.

Signature: _____

Date: _____

MOBILE COUNTY HEALTH DEPARTMENT

5050 N. State Road 9, Suite C
Auburn, Alabama 36811
Telephone: (205) 636-2181
Fax: (205) 636-1152
Clinic Fax: (205) 636-3723



Complainant Registered Against:	Complainant Registered By:
Registered Name:	Registered Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:

Location (if no address is available):

Complaint Type:

<input type="checkbox"/> Food Issues	<input type="checkbox"/> Other
<input type="checkbox"/> Public Nuisance	
<input type="checkbox"/> Sewage Disposal	
<input type="checkbox"/> Air Quality	

Description of complaint below:

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and the complainant is aware of the information.

Signature: _____ Date: _____