

Shelby County Health Department

1600 E. St. Rd. 44, Suite B, Shelbyville, IN 46176

(317) 392-6470 Fax (317) 392-6472

Complaint Form

Complaint

Date: _____ Time: _____ Received By: _____ Subject: _____

Property Owner

Name: _____ Phone: _____

Address: _____

Property Renter

Name: _____ Phone: _____

Address: _____

Location of Complaint: Township: _____ Section: _____ Parcel Number: _____

Complaint:

Action Taken:

Date: _____ Time Given: _____ Sanitaria _____

Complainants Information

Name: _____ Phone: _____

Address: _____