

**Wayne County Health Department
100 South 5th St
Richmond, IN 47374**

No. _____

Complaint Form

The Wayne County Health Department will investigate complaints that have the potential to promote, cause, or transmit disease and/or illness. All Forms can be emailed to health@wayncounty.in.gov

I, _____
(Complainant's Name) (Address)

(City) (State/Zip) (Phone Number)

Hereby file this complaint with the Wayne County Health Department, because I consider the following condition to be detrimental to the public's health. The condition is as follows: **Non-Health Hazards will not be investigated**

The location of the complaint:

(Address, City, State, Zip, Apt #)

Person responsible for the condition:

Owner/Landlord: _____	Tenant: _____
Address: _____	Address: _____
City/ State: _____	City/State: _____
Phone: _____	Phone: _____

I understand that the jurisdiction of the Wayne County Health Department is limited to the laws, rules, and ordinances that authorize local health departments to take action. I understand that by filing this complaint, I could be called upon to testify in court and that falsifying a written complaint could result in legal action.

(Complainant's Signature) (Date)

Mold and structural issues are not considered health hazards, Mold is an allergen and structural issues are safety hazards. Bedbugs are not a health hazard.