

**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@co.wayne.in.us.

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:

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)

Office Use Only

Executive Director Reviewed: _____
Comments: _____
Assigned to: _____