

# Fayette Co. Health Department

401 N Central Avenue

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Connersville, IN 47331

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## *Complaint Form*

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Subject:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Complainant:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Owner/Manager:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Cause of Complaint:**

**Report/Remarks:**

**Action:** \_\_\_\_\_

Environmental Specialist: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_