

**GRANT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL DIVISION**

COMPLAINT FORM

TYPE OF COMPLAINT: ___ Sewage ___ Housing ___ Trash/Debris ___ Other

PERSON SUBMITTING COMPLAINT:

Name: _____

Address: _____

Phone Number: _____ Cell: _____

Email Address: _____

COMPLAINT FILED AGAINST:

Owner: _____

Occupant: _____

Address: _____

Phone Number: _____

EXACT LOCATION AND NATURE COMPLAINT (include map or photos if necessary):

I believe the above mentioned situation to be a public health problem and the information provided is factual to the best of my knowledge. I further understand that should legal action become necessary, I may be called upon for testimony in open court.

Signature _____ **Date** _____

(Required to activate complaint)

DO NOT WRITE BELOW THIS LINE

Date Received _____ **Township** _____ **Section** _____

Referral Made? () Yes () No **To Whom** _____

Health Hazard Found _____