

BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052
www.boonecounty.in.gov

Complaint # _____

ENVIRONMENTAL DIVISION
SUITE B201
(765) 483-4458
(765) 483-5243 FAX



NURSING & VITAL RECORDS DIVISION
SUITE B202
(765) 482-3942
(765) 483-4450 FAX

This complaint is being registered by:

Date _____

Name _____ Address _____

City/Zip _____ Phone _____

I am willing to sign an affidavit regarding the conditions listed below: Yes _____ No _____

I am willing to testify to the conditions listed below in a court of law: Yes _____ No _____

I, hereby register a public health complaint with the health officer of Boone County against:

Name _____ Address _____

City/Zip _____ Phone _____

Location, if different than address above _____

TYPE OF COMPLAINT

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Air Quality (open burning, pollution, etc.) | <input type="checkbox"/> Litter/Trash | <input type="checkbox"/> Other |
| <input type="checkbox"/> Food | <input type="checkbox"/> Public Swimming Pool/Spa | |
| <input type="checkbox"/> Housing (animals, roaches, trash, etc.) | <input type="checkbox"/> Septic/Waste Water | |
| <input type="checkbox"/> Industrial/Commercial | <input type="checkbox"/> Vector Control (mosquitoes, rats, flies, etc.) | |

The public health complaint is being filed for the following reasons (provide specific details): _____

PLEASE SIGN BELOW ACKNOWLEDGING YOU HAVE READ THE FOLLOWING STATEMENTS

- The Boone County Health Department was established by law to carry out certain duties and to enforce certain laws specifically assigned it by the State Legislature and the Boone County Commissioners. There are many cases in which the Health Department or its representative has no authority to act. However, upon receiving a complaint regarding a possible public health hazard it is the duty of the local health officer to investigate and order abatement if such is warranted.
- All information collected or submitted in this complaint may be subject to disclosure. Upon request, the health department shall provide a copy of the complaint to any person who is the subject of the complaint.
- Any person who provides false information upon which a health officer relies in issuing an order under this section commits a Class C infraction.

Signature of Complainant

Property Address: _____ Parcel #: _____

Defendant's Name: _____ Phone #: _____

Property Owner's Name (if different than above): _____ Phone #: _____

Complaint Assigned to: _____

Date Investigated: _____

Notes: _____

Notice (verbal - written) Verbal Notice Date: _____ Written Notice (regular - certified) Date: _____

Time allowed to abate public health problem: _____

Follow-Up Inspection Date: _____

Notes: _____

Date Condition corrected: _____

Date Complaint turned over to Health Department Attorney: _____

Signed: _____

Environmental Health Specialist

Complaint Closed: _____

Date

File Location: _____