

COMPLAINT FORM

DATE

Rush County Health Department

You must provide the name and address of the Owner of the Property.

Address of Complaint: (Street Address) | Town

Owner of Property: _____ Phone _____

Address of Owner (if different from above): _____

Complaint: _____

I affirm under the penalty for perjury that the foregoing representations are true to the best of my knowledge

Complainant: _____

Address: _____

City: _____ Zip: _____

Daytime Phone Number _____

Signature: _____

Health Department Use Only

Investigation Status: _____

IC 16-20-1-25 (e) A person who provides false information upon which a health officer relies in issuing an order under this section commits a criminal Class A and/or Class B misdemeanor.