Health Department
101 East Second Street Rushville, IN 46173
(765) 932-3103
rcdh@rushcounty.in.gov

Complaint Form

Date___________________

Offending Property Owner Name: ____________________________________________

Property Address: ____________________________________________________________

City:_____________________________State_________________________Zip_____________

Mailing Address (if known): ____________________________________________________

City:_____________________________State_________________________Zip_____________

Name of Occupant: ____________________________________________________________

Nature of Complaint:

____NEW HOUSE                   ____SIGN                          ____NOISE
____NEW MOBILE HOME          ____FENCE                           ____ODOR
____ADDITION TO HOUSE       ____JUNK VEHICLES                  ____RUBBISH
OTHER: ________________________________

DISCRPTION: _________________________________________________________________

I affirm under the penalty for perjury, the above-mentioned statements are true to the best of my knowledge

________________________________                                                      __________________________________

PRINT NAME                          SIGNATURE
Address: ___________________________City/State: ___________________________Zip: ______
Phone: ____________________________

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