RUSH COUNTY
HEALTH DEPARTMENT
"Committed to Public Health"

504 W 3rd St
Suite A
Rushville, IN 46173
Email: rcdh2@rushcounty.in.gov

Phone: (765) 932-3103
Fax: (765) 938-2604

Complaint Form

Date: _____

Offending Property Owner Name: _____

Property Address: _____ Phone: _____
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: _____

DESCRIPTION: _____

_____

I affirm that 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. (Updated 10/23/2026)