

Fulton County Health Department

125 E 9th St.
David Kevin Reyburn, MD

Rochester, IN 46975
Health Officer
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Telephone (574) 223-7730
Fax (574) 223-2335

COMPLAINT FORM

Date _____

Name of Person Filing Complaint: _____

Under Indiana Code 16-20-1-25 a copy of this complaint shall be provided upon request to the person who is the subject of the complaint.

Name of Person Complaint is Against: _____
Address of Complaint: _____
Parcel ID of Complaint: _____

Complaint Description: _____

I hereby attest that all the above information is true and accurate to the best of my knowledge and I understand that providing false information is a Class C Misdemeanor. I, as the complaining, party agree to keep this information and all future information confidential until an investigation is completed by the Fulton County Health Department. I further understand that if this case becomes a matter before the Court that I may be compelled to testify as a witness before the Court and I hereby agree to do so.

Signature

Date

Received: In Person By Phone By Mail By Email or Fax

Date Complaint Received: _____

Septic Problem
 Open Dumping
 Nuisance
 Other

Garbage and Trash
 Vector
 Housing

Air Pollution
 Rats
 Water