

Henry County Health Department

1201 Race Street, Suite 208
New Castle, Indiana 47362-4653
765.521.7056 [office] 765.521.7057 [fax]
henryco.net



Public Health
Prevent. Promote. Protect.

Environmental Complaint Form

Complainant (person completing form): _____

Address: _____

City: _____ Zip: _____ Telephone: _____

Address of Concern: _____

City: _____ Zip: _____

Occupant Name: _____ Telephone: _____

Owner Name: _____ Telephone: _____

Parcel ID: _____

Complaint Description: _____

_____ (over →)

I hereby attest that all the above information is true and accurate to the best of my knowledge. I agree to keep this information and all future information confidential until an investigation is completed by Henry County Health Department staff. I understand that my identifying information will not be disclosed while this case is being investigated by Henry County Health Department staff; 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 of Complainant

Date

