

Henry County Health Department

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Public Health
Prevent. Promote. Protect.

Environmental Complaint Form

Complainant (name of person filing this complaint): _____

Telephone: _____

Owner of Complaint: _____

Address of Owner of Complaint: _____

Telephone: _____

Parcel ID of Complaint: _____

Complaint Description: _____

(turn page over)

I hereby attest that all the above information is true and accurate to the best of my knowledge. 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

Office Use Only:

Received: _____

Investigated: _____

By: _____

Justified

Unjustified

___ Food Protection

___ Septic/Sewage

___ Open-Dumping/Solid Waste

___ Open-Burning/Solid Waste

___ Accumulation/Solid Waste

___ Environmental Pollution/Air

___ Environmental Pollution/Water

___ Vector

___ Animal

___ Building

Complaint Description (continued): _____
