

**WABASH COUNTY HEALTH DEPARTMENT**

**89 WEST HILL STREET**

**WABASH, INDIANA 46992**

**Phone: 260-563-0661 ext. 251**

**Fax: 260-563-6082**

**COMPLAINT FORM**

**TYPE OF COMPLAINT AND DATE WITNESSED:**

- Open Burning:**      \_\_\_/\_\_\_/\_\_\_                       **Mold:**                      \_\_\_/\_\_\_/\_\_\_
- Open Dumping:**      \_\_\_/\_\_\_/\_\_\_                       **Vermin:**                      \_\_\_/\_\_\_/\_\_\_
- Sewage:**                      \_\_\_/\_\_\_/\_\_\_                       **Home Unfit:**                      \_\_\_/\_\_\_/\_\_\_
- Other:** \_\_\_\_\_                      \_\_\_/\_\_\_/\_\_\_

**SITE LOCATION:**

\_\_\_\_\_  
\_\_\_\_\_

**CITY:**

**SUMMARY OF COMPLAINT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLAINANT:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_/\_\_\_/\_\_\_

~~~~~ **OFFICE USE ONLY** ~~~~~

**SITE VISIT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLAN OF ACTION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_