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:

_____

_____

_____

COMPLAINTANT: _____

CONTACT NUMBER: _____ **TODAY'S DATE:** _____/_____/_____

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

SITE VISIT:

_____

_____

_____

PLAN OF ACTION:

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