



Environmental

Health Complaint Form

Received by (Office Personnel): _____ Case #: _____

Complainant Name: _____ Date: _____

Address: _____

Complainant Phone Number: _____

Type of Complaint (check each category as applicable)

Animals

- Land Application
- Manure
- Odors

Air Quality

- Indoor Air
- Odors
- Open Burning

Water Quality

- Drinking Water
- Stream Pollution
- Swimming Pool

Septic System

- Visible Failure
- Non-Functioning

Housing / Property

- Garbage / Trash
- Building Structure
- Water
- Sewage
- Lead
- Open Dumping

- Insect Infestation (type): _____
- Plumbing
- Rodent Infestation (type): _____
- Tires
- Mold
- Other (type): _____

Location of complaint: _____

Directions to complaint: _____

Occupant(s): _____

Property Owner(s): _____

Owner Address: _____

Owner Phone: _____

