

Parke County Health Department
116 W. High St., Room 12
Rockville, IN 47872
Telephone: (765) 569-4071 Fax: 765-569-4061

This complaint is being registered by: _____ Date _____

Name _____ Address _____

City, State, Zip _____ Phone _____

I am willing to sign an affidavit regarding the conditions listed below: Yes _____ No _____

I am willing to testify to the conditions listed below in a court of law: Yes _____ No _____

I, hereby register a public health complaint with the health officer of Parke County against:

Name _____ Address _____

City, State, Zip _____ Phone _____

Location, if different than different from address above _____

TYPE OF COMPLAINT

____ Air Pollution ____ Housing ____ Manure ____ Roaches ____ Trash ____ Animals ____ Industrial
____ Road Side Dumping ____ Sewage ____ Garbage ____ Junk Cars ____ Rats ____ Stream Pollution ____ Other

The public health complaint is being filed for the following reasons (give specific details): _____

PLEASE READ THE FOLLOWING STATEMENTS

The Parke County Health Department was established by law to carry out certain duties and to enforce certain laws specifically assigned it by the State Legislature and the Parke County commissioners. Not all complaints are under the jurisdiction of the Parke County Health Department, those that are not will be forwarded to those with the proper jurisdiction. Upon receiving a complaint regarding a possible health hazard it is the duty of the local health officer to investigate and order abatement if such is warranted.

Signature of Complainant _____

For Office Use

Record# _____ Date Investigated _____ Findings _____

See back for additional details

Notice (verbal/written) Written notice (regular-certified) Date _____ Township _____

Time allowed to abate public health problem _____

Condition corrected _____

Signed _____ Date Complaint Closed _____