

**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 \_\_\_\_\_