



Community Resource Center ~510 W. Adams St, Suite GL-30 ~ Plymouth IN 46563 Phone 574.935.8565 ~ Fax 574.936.9247

www.co.marshall.in.us

ENVIRONMENTAL HEALTH COMPLAINT FORM

NOTICE: Unsigned complaints (anonymous) - The complaint may be invalid if access to private property is required; it is given a low priority. Per code, a Health Officer shall provide a copy of a complaint and false information upon which a health officer relies in issuing an order under this section commits a Class C infraction.

SUBJECT OF COMPLAINT		INDIVIDUAL FILING THE COMPLAINT	
Property Address/Location:		Your Name:	
		Address:	
Property Owner:			
Occupant (if not owner):			
Phone:		Email:	
		, do hereby certify that the aforementioned conditions are true and cor	
to before me this day of			rect; sworn
Day	Month	Year	rect; sworn
Day	Month	<u>Below for Office Use Only</u>	
Complaint received date:		Below for Office Use Only Assigned to:	
Complaint received date:		Below for Office Use Only	
Complaint received date: END STATUS: Resolved Closed Food	Referred Not a public he	Assigned to: ———————————————————————————————————	
Complaint received date: END STATUS: Resolved Closed Food S Open Burning P	Referred Not a public he	Assigned to:ealth threat Unable to verify Other:	