Huntington County Department of Health

1330 South Jefferson Street, Huntington IN 46750 260-358-4831

Name of Person Filing Complaint (Optional):

Under Indiana Code 16-20-1-25 a copy of this complaint shall be provided upon request to the person who is the subject of the complaint.

Name of Person: Address of Complaint:

Contact Number:

Parcel ID of Complaint (if applicable):

Complaint Description:

(use back of form if needed)

*I hereby attest that all the above information is true and accurate to the best of my knowledge and I understand that providing false information is a Class C Infraction. I, as the complaining party, agree to keep this information and all future information confidential until an investigation is completed by the Huntington County Department of Health. I further understand that if this case becomes a matter before the Court that I may be compelled to testify as a witness before the Court and I hereby agree to do so.*

Signature (Optional) Date

Received: In person Via email or fax Date Received

Food Protection Septic Sewage Accumulation Solid Waste Open-Dumping Open- Burning Abandoned Vehicle Environmental Pollution/Air Environmental Pollution/Water

Vector Animal Residential/Building Complaint Clinic