



Miami County Health Department

Environmental Division

25 Court Street, Room 211 Peru, IN 46970
765-473-0283 765-473-0284 Fax: 765-473-0285

Complaint Form

***PLEASE PRINT LEGIBLY**

***Required Information**

Note: The information you submit on this form may be considered public record and subject to disclosure, upon request

Person making complaint* _____

Address* _____

Phone* _____

City* _____

State* _____

Zip Code* _____

Email _____

FAILURE TO COMPLETE ALL FIELDS WILL RESULT IN COMPLAINT NOT BEING PROCESSED

LOCATION OF COMPLAINT

Name _____

Address** _____

City* _____

Phone _____

State* **IN** _____

Zip Code _____

Directions if no address known** _____

** If no address known directions are required

Must Be Your Observations: Include Date and Time Observed

Signature* _____

Date* _____

Health Department Findings

Date: _____

Time: _____

Name _____

Type of complaint* _____

Address _____

Other Location _____

City _____

State **IN** _____

Zip _____

Observations _____

Investigator: _____

Photos taken

FOLLOW UP LETTER SENT _____

Date _____

Resolved _____

Date _____

Other Action Taken _____

Continued on back