

**CHRISTIAN COUNTY HEALTH DEPARTMENT-ENVIRONMENTAL DIVISION
COMPLAINT INVESTIGATION INFORMATION**

INTERVIEW INFORMATION

Date Received: () Office Visit () Mail () electronic/email	Complaint No. Program
Complaint Against: Owner of Record	Home PH. No.
Street Address	_____
City _____ Zip _____	Bus. PH. No.
Directions to Site:	

Nature of Complaint:

COMPLAINANT INFORMATION

Name	Home PH No.
Street Address	_____
City _____ Zip _____	Bus. PH No.

Your name may become known during the investigation process or you may be subpoenaed to testify in a court proceeding. Furthermore, I attest that I lawfully observed the conditions as described.

COMPLAINANT SIGNATURE

INVESTIGATION

Date of Investigation	By
Observations:	

ACTION TAKEN

Date of Action		
To Responsible Party:		
() Memo to File	() Letter	() Report
() Phone	() N.O.V. Number	() Other
Response to Complainant:		
() Copy of Report	() Field Visit	
() Phone	() Other	
Referred To:		
() MDNR () MDOH () MDOC () CCPZ () CITY of _____ () FDA () USDA		

THIS IS A PUBLIC DOCUMENT