

**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 Street Address City _____ Zip _____	Home PH. No. _____ Bus. PH. No. _____
Directions to Site:	

Nature of Complaint:

**COMPLAINANT INFORMATION**

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

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**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**