

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

INTERVIEW INFORMATION

Date Received: _____ Complaint No. _____
() Office Visit () Phone () Mail () Field Visit Program

Complaint Against: _____ Home PH. No. _____
Owner of Record _____
Street Address _____ Bus. PH. No. _____
City _____ Zip _____

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

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