

**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

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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