WARREN COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

FORMAL COMPLAINT FORM

TO BE COMPLETED BY INDIVIDUAL FILING COMPLAINT (COMPLAINANT)

Address being reported: _____

Owner Name: _____ Phone: _____

Occupant Name: _____ Phone: _____

Nature of Complaint: _____

_____

_____

_____

_____

_____

_____

_____

Complainant Name: _____ Phone: _____

Complainant Address: _____

Comments: _____

_____

_____

VERIFICATION OF COMPLAINT

I state that I have read the foregoing complaint form and personally know that the contents and statements made therein are true and correct.

_____

Complainant Date

301 North Buxton Suite 214 Indianola IA 50125-1801
(515) 961-1065 Fax (515) 961-1082