

# DeKalb County Health Department

220 East Seventh Street, Auburn, IN 46706  
Phone: 260-925-2220 Fax: 260-925-2090

## Formal Complaint Form

*Under Indiana Code 16-20-1-25, upon request, a copy of this complaint shall be provided to the person who is the subject of the complaint.*

*Personal information of the complainant will be redacted from records requests unless required by a Court of Law.*

Name of Person(s) Filing Complaint \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Complaint Type: ☐ Animal ☐ Residential/Living Conditions ☐ Open Dumping/Open Burning  
☐ Septic/Sewage ☐ Environmental ☐ Tattoo/Piercing ☐ Other: \_\_\_\_\_

Address or Location of the Complaint \_\_\_\_\_

Owner or Other Person causing the Problem \_\_\_\_\_

Contact Information of Person (If Known) \_\_\_\_\_  
(Address) (Phone)

Nature of the Complaint in Detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Use back of form if needed)

How does this problem affect you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I attest that the above information is true and accurate to the best of my knowledge, and I understand that providing false information is a Class C Infraction. I, as the complainant, agree to keep this information and all future information confidential until an investigation is completed by the DeKalb County Health Department. I further understand that if this case becomes a matter before the Court that I may be compelled to testify as a witness, and I hereby agree to do so.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Complainant(s) - Optional

Note: Repetitive complaints found to be inaccurate may be disregarded.

**\*\*For Office Use Only\*\*** Received \_\_\_\_ In person \_\_\_\_ Email/Fax \_\_\_\_ Mail Date Received \_\_\_\_\_