

**KOSCIUSKO COUNTY HEALTH DEPARTMENT  
COMPLAINT REPORT**

DATE: \_\_\_\_\_

NAME OF COMPLAINANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

LOCATION OF COMPLAINT \_\_\_\_\_

PROPERTY KEY NUMBER \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ SECTION \_\_\_\_\_

NAME OF PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

**FOR INSPECTOR TO COMPLETE BELOW**

INSPECTION DATE \_\_\_\_\_ COMPLIANCE DATE \_\_\_\_\_

REINSPECTION DATE \_\_\_\_\_ INSPECTOR \_\_\_\_\_

INSPECTOR'S COMMENTS \_\_\_\_\_

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