ADAMS COUNTY HEALTH DEPARTMENT
COMPLAINT FORM

In order to process a complaint you will need to complete the following information:

Name : **Telephone:**

Address: **Date Filed:**

Does this individual wish to remain anonymous? YES NO

NATURE OF COMPLAINT IN DETAIL:

LOCATION OF PROBLEM:

Name:

Address:

Directions:

***Additonal Notes:**

Forms can be mailed to: Adams County Health Department
313 W. Jefferson Street
Room 314
Decatur, IN 46733

Signature of person filing complaint: _____ Date:_____